

Applicant Information Sheet

Print legibly in blue or black ink or type in black only.

Name (Last, First, MI) _____ SSN: _____

Daytime Telephone: _____ Evening Telephone: _____ Date of Birth: _____

Selective Service Registration # (required for males 18-26, regardless of prior military service): _____

Are you a U.S. Citizen? Yes No If not, are you a registered alien authorized to work in the U. S.? Yes No

Please complete all requested information. If more space is needed, use the additional space on the last page.

1. Have you EVER used a name (first or last) other than that used above? (Include any maiden or married names, as applicable.) Yes (list below) No

Other Names: _____

2. Are you presently a resident of the State of Illinois? Yes No

3. Have you EVER resided anywhere besides Illinois? Yes (list below) No

Other states/countries: _____

4. Do you have a current valid driver's license? Yes (list below) No

License#: _____ State of Issue: _____ Class: _____ Expiration Date: _____

5. Have you ever previously applied for any position with the Illinois Department of Corrections or the Illinois Department of Juvenile Justice? Yes (explain below) No

Explain: _____

6. Have you EVER been fired or terminated for cause from any employment? Yes (explain below) No

Company Name: _____ Employed from: _____ to _____

Address: _____

Explain: _____

Company Name: _____ Employed from: _____ to _____

Address: _____

Explain: _____

7. Have you EVER resigned from any employment under unfavorable circumstances?

Yes (explain below) **No**

Company Name: _____ Employed from: _____ to _____

Address: _____

Explain: _____

Company Name: _____ Employed from: _____ to _____

Address: _____

Explain: _____

8. Do you have work experience in Security, Law Enforcement, or Corrections?

Yes (list below) **No**

Company

Employment Dates

_____ to _____

_____ to _____

_____ to _____

Total years completed in good standing: _____ years

9. Have you EVER held a supervisory position?

Yes (list below) **No**

Company Name: _____ Employed from: _____ to _____

Address: _____

Position Title: _____ Number of Employees Supervised: _____

Company Name: _____ Employed from: _____ to _____

Address: _____

Position Title: _____ Number of Employees Supervised: _____

10. Have you EVER received an employment promotion?

Yes (explain below) **No**

Company Name: _____ Employed from: _____ to _____

Address: _____

Explain: _____

Company Name: _____ Employed from: _____ to _____

Address: _____

Explain: _____

11. Are you currently employed?

Yes **No** (explain below)

Explain: _____

12. Do you have any known *relatives or **close associates currently employed by or who provide services to the Illinois Department of Corrections or the Illinois Department of Juvenile Justice?

Yes (indicate below) No

Name: _____

Relationship: _____

Facility/Youth Center: _____

*relative means a spouse, parent, sibling, child, grandchild, grandparent, aunt, uncle, niece, nephew, and cousin, including first-blood, step, half, foster, or in-law relationships.

**close associate means any person other than a relative with whom you are currently residing or have previously resided or with whom you have or have had a close personal relationship.

13. Do you have any known relatives or close associates who are presently incarcerated within the Illinois Department of Corrections or the Illinois Department of Juvenile Justice or who are currently on parole, mandatory supervised release, or electronic detention?

Yes (indicate below) No

Name: _____

Relationship: _____

Facility/Youth Center: _____
(or releasee's address)

ID#/YIN#: _____

Name: _____

Relationship: _____

Facility/Youth Center: _____
(or releasee's address)

ID#/YIN#: _____

14. Have you EVER corresponded with any offender/youth within the Illinois Department of Corrections or the Illinois Department of Juvenile Justice?

Yes (indicate below) No

Individual's Name	Relationship	Facility/Youth Center	ID#/YIN#
_____	_____	_____	_____
_____	_____	_____	_____

15. Have you EVER visited with any offender/youth in the Illinois Department of Corrections or the Illinois Department of Juvenile Justice?

Yes (indicate below) No

Individual's Name	Relationship	Facility/Youth Center	ID#/YIN#
_____	_____	_____	_____
_____	_____	_____	_____

16. Have your visiting privileges with any offender/youth in the Illinois Department of Corrections or the Illinois Department of Juvenile Justice EVER been suspended, denied, or terminated?

Yes (indicate below) No

Individual's Name	Relationship	Facility/Youth Center	ID#/YIN#
_____	_____	_____	_____
_____	_____	_____	_____

17. Are you currently residing with or have you EVER resided with any offender/youth; or person while on parole, mandatory supervised release, or electronic detention in the Illinois Department of Corrections or the Illinois Department of Juvenile Justice?

Yes (indicate below) No

Individual's Name	ID#/YIN#
_____	_____
_____	_____

18. Have you or any relative or close associate EVER been the victim of a crime for which the offender/youth was or is currently incarcerated in the Illinois Department of Corrections or the Illinois Department of Juvenile Justice?

Yes (indicate below) No

Victim's Name	Relationship	Offender/Youth Name and ID#/YIN# if known
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Have you EVER testified against any person who was committed to a state or federal prison?

Yes (indicate below) No

Individual's Name	Facility/Youth Center	ID#/YIN#
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Do you have ANY tattoos?

Yes (describe below) No

Describe each tattoo: _____

21. Has any relative or close associate EVER been a member of or associated with a street or prison gang?

Yes (explain below) No

Applicant's relationship to individual: _____
Name of gang: _____ Type of affiliation: _____
Dates of affiliation: From _____ to _____ Location: _____
Circumstances: _____

22. Are you a current or former employee, student worker, intern, volunteer, or contractual employee of the Illinois Department of Corrections or the Illinois Department of Juvenile Justice?

Yes (indicate below) No

Position: _____ Facility: _____
Dates: From _____ to _____ Reason for leaving: _____

23. Do you or have you EVER possessed a Professional License, such as law, medical, etc.? Yes (explain below) No

License title: _____ State Issued: _____

Has the above state license EVER been disciplined? Yes (explain below) No

Explain: _____

24. Do you have a current Firearms Owners Identification (FOID) Card? Yes (indicate # below) No

Number: _____

25. Has any request to obtain a FOID Card ever been denied or revoked? Yes (explain below) No

Explain: _____

26. Have you EVER been prohibited from possessing, purchasing, or using a firearm or ammunition, including by order of protection or bond? Yes (explain below) No

Explain: _____

27. Have you EVER been the defendant in a lawsuit or the subject of a grievance alleging you used coercion, unauthorized or excessive use of force, or corporal punishment as a law enforcement, correctional, or security officer? Yes (explain below) No

Explain including the type (lawsuit or grievance) and outcome of each charge (pending or awaiting settlement; dropped or no settlement was made; upheld or settlement was made): _____

28. Have you EVER served or are you currently serving in the U.S. or foreign Armed Forces? Yes (list below) No

Type of Service	National Guard - Reserves	Active Service	Character of Service
<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Merchant Marines <input type="checkbox"/> Foreign (specify): _____	<input type="checkbox"/> Air Force–National Guard–Reserve <input type="checkbox"/> Army National Guard–Reserve <input type="checkbox"/> Marine Reserve <input type="checkbox"/> Navy Reserve <input type="checkbox"/> Coast Guard Reserve	Have you served 6 months or more outside of training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been dishonorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Service Active Duty: _____ to _____ Reserves: _____ to _____

29. Have you EVER applied or attempted to apply for the U. S. or foreign Armed Forces but were not accepted for any reason other than health issues? Yes (explain below) No

Explain: _____

30. Have you EVER been denied re-enlistment in the U. S. or foreign Armed Forces for any reason other than health issues? Yes (explain below) No

Explain: _____

31. Have you EVER been the subject of any judicial or non-judicial disciplinary action (e.g., court martial, captain's mast, Article 15, company punishment, etc.) while in the U. S. or foreign Armed Forces? Yes (explain below) No

Explain: _____

32. Have you EVER received a reduction in rank or grade, including a suspended sentence, while in the U. S. or foreign Armed Forces? Yes (explain below) No

Explain: _____

33. Do you have bilingual skills? Yes (indicate below) No

Spanish Sign Language Other (specify): _____

34. Have your driver's privileges EVER been suspended, revoked, or cancelled in any state/county? Yes (explain below) No

Explain: _____

35. Have you ever been committed to any Illinois Department of Corrections or Department of Juvenile Justice facility? Yes (explain below) No

Explain: _____

36. Have you EVER been *convicted of anything other than a **minor traffic violation as an adult? Yes (explain below) No

Sentence: _____

Offense Charged: _____ Explain: _____

Incident Date: _____

Location: _____

City State County

*convicted is defined to include a fine, conditional discharge, probation, jail sentence, prison term, or other sentence imposed in a court of law.

43. Are you or have you EVER been a member of or associated with a street or prison gang?

Yes (explain below) No

Name of gang: _____ Type of affiliation: _____

Dates of affiliation: From _____ to _____ Location: _____

Circumstances: _____

Emergency Contact - In the event of an emergency, please contact:

_____ Print Name _____ Relationship

_____ Address _____

_____ Daytime Telephone Number _____ Evening Telephone Number

OR

_____ Print Name _____ Relationship

_____ Address _____

_____ Daytime Telephone Number _____ Evening Telephone Number

I certify and affirm, subject to the penalty of perjury, that the information provided herein is true and correct to the best of my knowledge. I understand that providing false information may be grounds for ineligibility or termination of employment or service. I further understand that I have a continuing obligation to report any changes in the documentation herein, including new information, to the Illinois Department of Juvenile Justice prior to hire or service. I further understand that the Illinois Department of Juvenile Justice reserves the right to administer a Deception Detection Examination to verify truthfulness of any information contained herein.

_____ Print Name of Applicant _____ Signature _____ Date

Witnessed by:

_____ Print Name of Witness _____ Signature _____ Date

Use if additional space is needed to provide detailed answers to the preceding questions. Indicate the question number to which each answer applies.

Question #	Answer