

CITY OF PRINCETON
BOARD OF FIRE AND POLICE COMMISSIONERS
POLICE OFFICER

INFORMATION SHEET

Following is an outline of various points that you should know about the position of Police Officer with the City of Princeton. Please read this **very carefully** so that there will be no misunderstanding of what you can expect and what will be expected of you.

POLICE OFFICER EXAMINATION -- 2023

Applications may be obtained at the Police Department, 605 Elm Place, Princeton, Monday – Friday between the hours of 8:00 a.m. and 4:00 p.m. from January 4, 2023 – February 17, 2023. Completed applications must be returned to:

Board of Fire and Police Commissioners
c/o Terry Madsen, Chairman
Princeton Police Department
605 Elm Place
Princeton, Illinois 61356

no later than **4:00 P.M.** on Friday, February 17, 2023. If you mail your application, make sure to mail it so it meets the above deadline.

Completed applications **must be** accompanied by the following documents:

1. Copy of POWER test card (be sure it is current as they do expire).
2. Copy of birth certificate.
3. Copy of military service and discharge record.
4. Copy of valid driver's license.
5. Evidence of high school education or equivalent.
6. Recent photograph of applicant.
7. Signed letter agreeing to abide by all Rules and Regulations of the Princeton Fire and Police Commissioners. (enclosed)
8. Authorization for background check. (enclosed)
9. Employer Liability Release. (enclosed)
10. Thumb print (on last page of application)

ALL OF THE ABOVE DOCUMENTS MUST BE RETURNED WITH YOUR COMPLETED APPLICATION OR YOUR APPLICATION WILL BE DISQUALIFIED.

APPLICANT QUALIFICATIONS

1. Must be a citizen of the United States.
2. Each applicant must qualify in each of the following:
Orientation, Written, Physical Aptitude (POWER TEST), Oral, Psychological, Background, Medical.
Each applicant will be required to take a polygraph examination.
3. Must be able to pass the physical examination required of all applicants as described in the Rules and Regulations of the Board of Fire and Police Commissions.
4. Individuals who are 20 years of age and have successfully completed two (2) years of study in law enforcement studies at an accredited college or university shall be eligible to be considered for appointment with the police department but shall not be permitted to make arrests or carry firearms.

EXAMINATION PROCEDURES

1. Applicant will be required to attend and satisfactorily pass each of the following:
 - (a) POWER Testing. You will need to bring a valid POWER test card with you on the day of testing. This card must be valid on the day of orientation/testing.

Below are links of two places that offer the POWER test for police applicants. They will provide you with a card upon successful completion of the test. Please be sure that your card is **CURRENT**, as they do expire.
<https://www.jjc.edu/about-jjc/places-interest/power-testing> (Joliet Junior College)
<https://www.nipsta.org/202/POWER-Test>
 - (b) Orientation Session will be held on Saturday, February 25, 2023 at 9:00 a.m. at Princeton Police Department, 605 Elm Place, Princeton, Illinois (please use the front door);
 - (c) Written examination immediately following Orientation;
 - (d) Oral Examination (Applicant will be notified of the date/time of the Oral Examination/Interview);
 - (e) an in-depth psychological test;
 - (f) a medical examination; and
 - (g) a thorough background investigation.
Applicants will be required to take a polygraph examination.

2. The Preliminary Eligibility List will be determined by the results of the following tests:
 - A. Written Examination -- 60% relative weight, minimum passing grade of 70
 - B. Physical Ability Test -- Pass or Fail
 - C. Oral Examination -- 40% relative weight, minimum passing grade of 70
3. Individuals whose names appear on the Preliminary Eligibility List will have ten days from the date of posting to apply to the Board of Fire and Police Commissioners for military or experience credits as provided by State statute.
4. The final Eligibility List will be a compilation of the Preliminary Eligibility List and Preferential Credits and shall be in force for two years.

BENEFITS - Princeton Police Department

1. Starting Salary: \$58,801.60 as of May 1, 2022 plus 6.5% Holiday pay = \$62,623.70.
2. Medical Insurance: The City of Princeton also offers a High Deductible Health Savings Account. Contributing to the Health Savings Account is optional but recommended.
3. Dental/Vision Insurance: Dental/Vision insurance coverage is available.
4. Employer paid life insurance/accidental death and dismemberment of up to \$15,000.00.
5. Paid vacation of two (2) weeks accrued in your first year of service.
6. Uniform allowance: starting uniforms/equipment provided. Allowance of \$725.00 per year after first year.
7. Paid Overtime or Compensatory time is offered.
8. Participation in pension fund (specific information available from the Department).
9. Collective Bargaining Under PB&PA Unit #167.

Additional provisions covering employment are contained in the **Rules and Regulations of the City of Princeton Board of Fire and Police Commissioners, Police Department Rules and Regulations, City Ordinances and Illinois State Statutes, and Terms of the applicable Collective Bargaining Agreement.**

CITY OF PRINCETON

BOARD OF FIRE AND POLICE COMMISSIONERS

RULES AND REGULATIONS ACKNOWLEDGMENT

I hereby agree to abide by all Rules and Regulations of the Board of Fire and Police Commissioners of the City of Princeton during the giving of any examination and after the examination. I also agree to abide by all of the Rules and Regulations of the Board of Fire and Police Commissioners during any probationary period resulting from any appointment to either the Fire Department or Police Department (whichever is appropriate).

The Rules and Regulations of the Board of Fire and Police Commissioners of the City of Princeton were provided to me and I have read them.

Signed: _____

Dated: _____

TO BE RETURNED WITH APPLICATION

CITY OF PRINCETON

BOARD OF FIRE AND POLICE COMMISSIONERS

AUTHORIZATION

I authorize and empower the City of Princeton Board of Fire and Police Commissioners, any consumer reporting agency, or other outside service company engaged by said Board for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living, through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request I understand that said Board will provide me with information regarding the scope of the investigation if one is made.

Signed: _____

Dated: _____

TO BE RETURNED WITH APPLICATION

CITY OF PRINCETON

BOARD OF FIRE AND POLICE COMMISSIONERS

EMPLOYER LIABILITY RELEASE

To Whom It May Concern:

I respectfully request that you forward to the City of Princeton Board of Fire and Police Commissioners, or the Princeton Police Department, any and all information that you may have concerning me, my work record, or my reputation. Also, please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Police Department.

I hereby release you and your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above.

Signed: _____

Dated: _____

Address: _____

SOCIAL STATUS

17. ARE YOU SINGLE? MARRIED SEPARATED WIDOWED DIVORCED

18. ARE YOU LIVING WITH YOUR SPOUSE? YES NO IF "NO" EXPLAIN

19. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE, OR MARRIAGES

DATE	WHERE	WIFE'S MAIDEN NAME

20. IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING

	(EXPLAIN)	TO WHOM WAS ACTION GRANTED
SEPARATED		
DIVORCED		
ANNULLED		

21. ARE YOU PAYING ALIMONY? YES NO IF "YES" EXPLAIN

22. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) & WHERE THEY RESIDE.

23. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU & STEPCHILDREN

NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE & WITH WHOM

24. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU ADOPTED BY YOU AND STEPCHILDREN? YES NO IF "NO" EXPLAIN FULLY

25. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING? YES NO IF "YES" EXPLAIN

26. ARE YOU PAYING CHILD SUPPORT? YES NO IF "YES" EXPLAIN

EDUCATION

27. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED & OTHER INFORMATION REQUESTED

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					

28. JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES	FULL TIME	PART TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	

<p>29. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>IF "YES" EXPLAIN</p>
<p>30. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES</p>	
<p>31. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD</p>	

DRIVING HISTORY

32. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	33. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION	DRIVER'S LICENSE NO.
34. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
36. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		

RESIDENCES

37. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS

FROM (MO. & YR)	TO (MO. & YR)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE

38. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	39. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE LOCATION
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MILITARY SERVICE

40. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" BRANCH	
41. WHAT IS YOUR SERVICE SERIAL NO.? _____	42. HIGHEST RANK HELD _____	43. RANK AT DISCHARGE _____

44. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVITY DUTY (CITY) & (STATE)	45. LIST PERIOD(S) OF ACTIVE SERVICE	
	FROM (DATE)	TO (DATE)
GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)		

47. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)?	BE EXACT	_____
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48. IF YOU HAD NO MILITARY SERVICE EXPLAIN

49. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD I.E., 1-A ETC.	50. IF YOU ARE A NON-VET LIST THE FOLLOWING	LOCAL BOARD NO.	ADDRESS, CITY, STATE & ZIP CODE
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51. WERE YOU EVER CONVICTED AT A COURT-MARTIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	BRANCH	UNIT	RANK
ADDRESS		FROM	TO	

53. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT STATE	REGIMENT	UNIT	
RANK		TYPE OF DISCHARGE	FROM	TO

54. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT

CRIMINAL HISTORY

55. HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE

56. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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57. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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58. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES & OUTCOME
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59. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THIS CRIME REPORTED TO THE POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU WERE A "VICTIM" EXPLAIN
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60. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	AGENCY	DATE	PURPOSE

61. (DOES NOT APPLY)

62. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

63. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? IF "YES" EXPLAIN _____
 YES NO

EMPLOYMENT HISTORY

64. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN DETAIL.	AGENCY	APPROX. EXAM. DATE	POS. ON LIST	STATUS

65. ARE YOU NOW ON ANY ELIGIBILITY LIST? YES NO IF "YES" EXPLAIN _____

66. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST & NOT HIRED? YES NO IF "YES" EXPLAIN _____

67. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? YES NO IF "YES" EXPLAIN _____

68. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT? YES NO DATE _____

69. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION

70. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS IF "YES" EXPLAIN	

71. ARE YOU NOW OR HAVE YOU EVER BEEN EN-GAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN

72. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE. IN PROPER TIME SEQUENCE & TEMPORARY OR PART-TIME JOBS.

1	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

2	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

3	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

4	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

5	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

6	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

EMPLOYMENT (CONTINUED)

	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS
7	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS
8	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
73. INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT.		74. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.		

CREDIT HISTORY

75. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES (Include Bank or Charge Account, or Firms You Have Borrowed Money for Any Purpose.)

NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROX. DATE
		\$	OPENED CLOSED
		\$	
		\$	

76. HAVE YOU EVER BEEN SUED? YES NO IF "YES" GIVE DETAILS

77. LIST ANY OUTSTANDING DEBTS & LIST AMOUNT(S) & WHETHER IN ARREARS.

AMT. OF ORIGINAL DEBT	AMT. NOW OWED	IN ARREARS		AMOUNT OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$				
\$	\$				
\$	\$				

78. HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF "YES" EXPLAIN

ACQUAINTANCES

79. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU & NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.

1	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
2	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
3	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?

REFERENCES

80. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD, PREFERABLE MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES.

1	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
2	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
3	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
4	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
5	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN

81. PERSON(S) TO NOTIFIED IN CASE OF EMERGENCY

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP

I hereby certify that there are no willful misrepresentatoin, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical evaluation prior to appointment. That medical evaluation may include testing for drugs/ narcotics, communicable diseases including the AIDS virus, and alcohol abuse. You will be required to give a thorough medical history and may be required to meet vision standards established by the municipality to which you are applying.

THUMBPRINT

CONTINUATION SHEET

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided.

QUESTION
NUMBER

CONTINUATION OF ANSWER

SIGNATURE

DATE