



JOLIET JUNIOR COLLEGE POLICE
1215 HOUBOLT ROAD
JOLIET, IL 60431
(815) 729-9030

JJC POLICE DEPARTMENT

1215 Houbolt Road, Joliet, IL 60431

Ph: 815-729-9030

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Joliet Junior College Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records whatever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Joliet Junior College Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Joliet Junior College District #525 from any liability, which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Witness

Signature (include maiden name)

Address: _____

Phone: _____

Date of Birth _____

Social Security No. _____



JOLIET JUNIOR COLLEGE
1911

1215 Houbolt Road
Joliet, Illinois 60431
Phone: 815-729-9020 Fax: 815-729-3331

Employment Waiver/Release of Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Joliet Junior College, Human Resources Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Joliet Junior College, Human Resources Department to consider in determining my suitability for employment with Joliet Junior College. I consent to your release of any and all public or private information that you may have concerning my background and reputation, criminal history record, including any information contained in investigatory files or criminal or civil actions taken against me.

For and in consideration of the Joliet Junior College, Human Resources Department's acceptance and processing of my application for employment, I agree to hold Joliet Junior College, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with Joliet Junior College. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title V, U.S. Code, Section 552a, the Privacy Act of 1974 with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Joliet Junior College, Human Resources Department in conjunction with employment procedures.

A photocopy or FAX of this release form will be valid as an original thereof even though the said photocopy or FAX copy does not contain an original signature.

I further release the Joliet Junior College District #525 from any liability which may be incurred as a result of collecting such information.

_____ (Date)

Signature of Applicant

Printed Name of Applicant

Applicant's Address

City, State, and Zip Code

Social Security #

Area Code and Telephone Number

Date of Birth

Driver's License# and State Issued

Witness Signature

Witness Printed Name & Department

**DEPARTMENT OF POLICE
JOLIET JUNIOR COLLEGE
JOLIET, IL 60431**

PERSONAL DATA QUESTIONNAIRE

The information on this questionnaire will be used in the application process for employment with the Joliet Junior College Police Department. An extensive background investigation will be conducted into your personal history to confirm that you meet the hiring criteria established by State Law. Any applicant found to have made false statements on this application will be removed from the application process.

Any false statements discovered after hiring will be cause for dismissal from the department.

Please confirm that you have read and understand the foregoing by signing below.

SIGNATURE

INSTRUCTIONS

1. The completed questionnaire must be typewritten or legibly handwritten, and received by the deadline indicated on the job posting. Questionnaires received after the deadline **WILL NOT BE ACCEPTED**. If, due to a disability, you are unable to type this application, contact the Joliet Junior College Police Department at 815-280-2234.
2. Questionnaire must be submitted to the Joliet Junior College Police Department located at 1215 Houbolt Road, Room G1013, Joliet, IL 60431 either by mail, in person or faxed to JJCPD at 815-729-9502.
3. Read each question carefully and be certain your answers can be understood.
4. Make certain that **EACH QUESTION** is answered **COMPLETELY AND CORRECTLY** before you submit the completed questionnaire. If you need additional space use the reverse side of that page and number your answer(s) accordingly.
5. Do Not Leave Any Questions Blank. If a question does not apply to you, type the letters D/N/A in the space provided.
6. Initial the bottom of each page in the space provided.

DOCUMENTS

The following documents MAY be requested at a later time during the application process:

- Certificate of Birth
- High school diploma or equivalent
- High school transcripts (certified copy)
- College transcripts (certified copy) if applicable
- Military form D-214 if applicable
- Copies of job related training certificates

An extension may be granted on submittal of these documents if needed. To request an extension you may contact the office of the Commander at 815-280-2748 or the Chief of Police at 815-280-6606.

JOLIET JUNIOR COLLEGE POLICE DEPARTMENT

1215 HOUBOLT ROAD • JOLIET, ILLINOIS 60431 • (815) 729-9030, EXT. 2234

1. NAME (LAST) (FIRST) (MIDDLE) ----- EMAIL:			2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE)		
3. HOME ADDRESS (NO. STREET, ZIP CODE NO. CITY STATE & COUNTY)			4. HOME PHONE		5. SOCIAL SECURITY NUMBER
6. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? LIST FULL NAMES & RELATIONSHIPS.					
7. DATE OF BIRTH MONTH DAY YEAR		8. PLACE OF BIRTH (CITY & STATE)		9. SEX	
11. WEIGHT		12. AGE		13. COLOR OF EYES	
				14. COLOR OF HAIR	
15. LIST ANY SCARS, BIRTHMARKS, BLEMISHES, DEFORMITIES, AMPUTATIONS, TATOOS, ETC., THAT YOU MAY HAVE					
16. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. IF "YES" <input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED		18. IF "NATURALIZED" GIVE PARTICULARS	
19. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMLY WHO IS STILL LIVING, INCLUDE FATHER, MOTHER, SISTERS & BROTHERS.					
NAME		RELATIONSHIP		ADDRESS	
FITNESS FOR DUTY					
20. DO YOU USE OR HAVE YOU EVER USED CANNABIS, NARCOTICS OR BARBITUATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF "YES", GIVE FULL DETAILS	
21. DO YOU USE OR HAVE YOU EVER USED ALCOHOL HABITUALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF "YES", GIVE FULL DETAILS	

POSITION APPLIED FOR:
 POLICE OFFICER (SWORN) _____
 CAMPUS SERVICE OFFICER (CIVILIAN) _____
 COMMUNICATIONS OFFICER _____
 OTHER _____

DATE: _____

22. HAVE YOU EVER BEEN IN CONSULTATION WITH A DOCTOR OR PSYCHIATRIST OR BEEN TREATED FOR A NERVOUS OR MENTAL DISORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", GIVE DOCTOR'S NAME, ADDRESS & DATE
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23. DO YOU WEAR EYEGLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	24. HAVE YOU EVER HAD ANY TYPE OF EPILEPTIC SEIZURE, BLACKOUT OR FAINTING SPELL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN
25. DO YOU WEAR CONTACT LENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		

26. LIST ALL ILLNESSES, OPERATIONS & MEDICAL TREATMENT YOU HAVE HAD (INCLUDING CHILDHOOD ILLNESSES)		
AILMENT	APPROXIMATE DATE (S)	TREATMENT

SOCIAL STATUS

27. ARE YOU SINGLE MARRIED SEPARATED DIVORCED WIDOWED

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

29. GIVE THE FOLLOWING INFORMATION REGARDING MARRIAGE, OR MARRIAGES.

DATE	CITY/STATE	SPOUSE'S SURNAME

30. 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		

31. PAYING ALIMONY? YES NO

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

NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:

33. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU AND STEP CHILDREN			
NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE AND WITH WHOM

34. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU AND STEPCCHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "NO", EXPLAIN FULLY
35. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN
36. ARE YOU PAYING CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN

EDUCATION

37. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED & OTHER INFORMATION REQUESTED.					
NAME & ADDRESS OF SCHOOL (INCLUDE CITY & STATE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					
38. JUNIOR COLLEGE	FULL-TIME	PART-TIME	SUBJECTS TAKEN MAJOR MINOR		DEGREE(S) ATTAINED

39. COLLEGES OR UNIVERSITIES	FULL-TIME	PART-TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	

40. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? IF "YES", EXPLAIN
 YES NO

41. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES.

42. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD.

DRIVING HISTORY

43. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	44. DO YOU POSSESS A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", DATE OF EXPIRATION?	DRIVER'S LICENSE NO.	STATE
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45. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN	HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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46. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? IF "YES", EXPLAIN
 YES NO

47. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? IF "YES", EXPLAIN
 YES NO

RESIDENCES

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

FROM (MO & YR)	TO (MO & YR)	ADDRESS OF RESIDENCE	CITY & STATE

49. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	50. 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					
51. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "NO", PLEASE SKIP TO #67.)					
52. WHAT IS YOUR SERVICE SERIAL NO.	53. HIGHEST RANK HELD	54. RANK AT DISCHARGE			
55. GIVE DATE AND LOCATION OF ENTRANCE TO ACTIVE DUTY (PHONE, CITY & STATE)			56. LIST PERIOD(S) OF ACTIVE SERVICE FROM (DATE) _____ TO (DATE) _____		
57. GIVE DATE AND LOCATION OF DISCHARGE (CITY & STATE)					
58. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, MEDICAL, DISHONORABLE, HONORABLE CONDITIONS, ETC.)		59. DO YOU OR HAVE YOU EVER RECEIVED A GOV'T PENSION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
60. IF YOU HAD NO MILITARY SERVICE, EXPLAIN					
61. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD, I.E., 1-A, 4-F, ETC.		62. IF YOU ARE A NON-VET, LIST THE FOLLOWING LOCAL BOARD NO. ADDRESS CITY & STATE			
63. WERE YOU EVER CONVICTED AT A COURT-MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO					
64. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. MILITARY RESERVE FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
65. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO					
66. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT					
CRIMINAL HISTORY					
67. HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN		DATE	BY WHAT POLICE AGENCY?	CRIME CHARGED	DISPOSITION OF CASE
68. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					
69. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00? <input type="checkbox"/> YES <input type="checkbox"/> NO					
70. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
71. 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	

72. 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	<u>AGENCY</u> ADDRESS CITY STATE PHONE #	<u>DATE</u>	<u>PURPOSE</u>

73. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED			
<u>LOCATION (CITY)</u>	<u>APPROXIMATE DATE</u>	<u>NATURE OF VIOLATION</u>	<u>DISPOSITION OF CASE</u>

74. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>IF "YES", EXPLAIN</u>
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EMPLOYMENT HISTORY

75. HAVE YOU EVER BEEN A FIREFIGHTER OR LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>IF "YES", POSITION</u> _____ _____	<u>DATE (FROM)</u> _____ _____	<u>TO</u> _____ _____	<u>AGENCY</u> _____ _____
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76. HAVE YOU EVER TAKEN AN EXAM FOR FIRE OR POLICE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN DETAIL	<u>AGENCY</u> _____ _____	<u>APPROX. EXAM DATE</u> _____ _____	<u>POS. ON LIST</u> _____ _____	<u>STATUS</u> _____ _____
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77. ARE YOU NOW ON ANY ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>IF "YES", EXPLAIN</u>
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78. WERE YOU EVER PLACED ON AN ELIGIBILITY LIST AND NOT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>IF "YES", EXPLAIN</u>
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79. WERE YOU EVER REJECTED FOR ANY FIRE OR POLICE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>IF "YES", EXPLAIN</u>
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80. HAVE YOU EVER RECEIVED UNEMPLOYMENT INSURANCE OR OTHER FEDERAL, STATE, LOCAL BENEFITS OR ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN	TYPE _____ _____	LOCAL OFFICE _____ _____	ADDRESS _____ _____	FOR HOW LONG _____ _____
81. 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) AND ADDRESSES OF EMPLOYERS IF "YES", EXPLAIN				
82. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? IF "YES", EXPLAIN				
83. LIST ALL JOBS YOU HAVE HELD, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST, INCLUDE MILITARY SERVICE, IN PROPER TIME SEQUENCE AND TEMPORARY OR PART-TIME JOBS.				
1. EMPLOYER'S NAME NAME & TITLE OF SUPERVISOR EXPLAIN WHAT YOUR DUTIES WERE	ADDRESS CITY STATE ZIP FROM (DATE) TO (DATE)	TYPE OF BUSINESS SALARY PER MONTH	TELEPHONE NUMBER EXACT TITLE OR POSITION REASON FOR LEAVING	
2. EMPLOYER'S NAME NAME & TITLE OF SUPERVISOR EXPLAIN WHAT YOUR DUTIES WERE	ADDRESS CITY STATE ZIP FROM (DATE) TO (DATE)	TYPE OF BUSINESS SALARY PER MONTH	TELEPHONE NUMBER EXACT TITLE OR POSITION REASONFOR LEAVING	
3. EMPLOYER'S NAME NAME & TITLE OF SUPERVISOR EXPLAIN WHAT YOUR DUTIES WERE	ADDRESS CITY STATE ZIP FROM (DATE) TO (DATE)	TYPE OF BUSINESS SALARY PER MONTH	TELEPHONE NUMBER EXACT TITLE OR POSITION REASONFOR LEAVING	
4. EMPLOYER'S NAME NAME & TITLE OF SUPERVISOR EXPLAIN WHAT YOUR DUTIES WERE	ADDRESS CITY STATE ZIP FROM (DATE) TO (DATE)	TYPE OF BUSINESS SALARY PER MONTH	TELEPHONE NUMBER EXACT TITLE OR POSITION REASON FOR LEAVING	
5. EMPLOYER'S NAME NAME & TITLE OF SUPERVISOR EXPLAIN WHAT YOUR DUTIES WERE	ADDRESS CITY STATE ZIP FROM (DATE) TO (DATE)	TYPE OF BUSINESS SALARY PER MONTH	TELEPHONE NUMBER EXACT TITLE OR POSITION REASON FOR LEAVING	

EMPLOYMENT (con't)				
6. EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS	TELEPHONE NUMBER	
NAME & TITLE OF SUPERVISOR	CITY STATE ZIP FROM (DATE) TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION	
EXPLAIN WHAT YOUR DUTIES WERE	REASON FOR LEAVING			
7. EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS	TELEPHONE NUMBER	
NAME & TITLE OF SUPERVISOR	CITY STATE ZIP FROM (DATE) TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION	
EXPLAIN WHAT YOUR DUTIES WERE	REASON FOR LEAVING			
8. EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS	TELEPHONE NUMBER	
NAME & TITLE OF SUPERVISOR	CITY STATE ZIP FROM (DATE) TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION	
EXPLAIN WHAT YOUR DUTIES WERE	REASON FOR LEAVING			
84. INDICATE ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT.		85. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION		
CREDIT HISTORY				
86. LIST COMMERCIAL OR BUSINESS CREDIT REFERENCES (Include Bank or Charge Accounts, or Firm You Have Borrowed Money for Any Purpose.)				
NAME AND ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROX. DATE OPEN: CLOSE	
87. HAVE YOU EVER BEEN SUED? IF "YES", GIVE DETAILS <input type="checkbox"/> YES <input type="checkbox"/> NO				
88. LIST ANY OUTSTANDING DEBTS AND LIST AMOUNT(S) AND WHETHER IN ARREARS				
AMT. OF ORIGINAL DEBT	AMT. NOW OWED	IN ARREARS YES NO	AMOUNT OWED TO NAME	ADDRESS
89. HAVE YOU EVER FILED FOR BANKRUPTCY? IF "YES", EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO				
ACQUAINTANCES				
90. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU AND 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: IN WHAT CAPACITY DO YOU KNOW THIS PERSON?		

2	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE: IN WHAT CAPACITY DO YOU KNOW THIS PERSON?
3.	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE: IN WHAT CAPACITY DO YOU KNOW THIS PERSON?
REFERENCES			
91. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD, PREFERABLY MORE THAN FIVE YEARS, ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND 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
92. PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY			
	NAME	ADDRESS	HOME PHONE RELATIONSHIP
	NAME	ADDRESS	HOME PHONE RELATIONSHIP

I hereby certify that there are no willful misrepresentations, omissions, 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