

POLICE OFFICER APPLICATION SUPPLEMENT

Last Name: _____

First Name: _____

1. Do you possess a valid Driver's License?

☐ Yes Driver's License Number: _____

☐ No

2. Are you eligible for bonding?

☐ Yes

☐ No

3. Are you twenty-one (21) years of age or older?

☐ Yes

☐ No

Date of Birth: _____ _____ _____
 Month Day Year

4. *Gender (please circle): Male / Female

*Per the Illinois State POWER Test, the required performance to pass each test is based upon age and sex.

5. How did you hear about this vacancy? _____

Applicant's Signature: _____

Date: _____

For HR Purposes
Only: