

East Dubuque Police Department

Luke B Kovacic
Chief of Police
Phone: 815-747-3913

PERSONAL INFORMATION

NAME (Last, First, Middle):	
Any other names used (i.e., maiden, nicknames, aliases), explain:	
ADDRESS (Number, street, city, state, zip):	
PREVIOUS ADDRESS (If present address is less than 1 year old):	
TELEPHONE NUMBER(S)-include cell	
SOCIAL SECURITY NO.:	PLACE OF BIRTH (city, state, zip):
DATE OF BIRTH:	FIREARMS OWNERS IDENTIFICATION NUMBER (F.O.I.D.)
E-MAIL ADDRESS:	DRIVERS LICENSE NUMBER AND STATE:

EDUCATION

() I possess a high school diploma. () I passed the General Educational Development Exam				
SCHOOL	NAME AND ADDRESS	COURSE STUDIED	GRADUATE?	DEGREE-YEAR
GRADE			YES ()	
			NO ()	
HIGH			YES ()	
			NO ()	
HIGH			YES ()	
			NO ()	
COLLEGE			YES ()	
			NO ()	
COLLEGE			YES ()	
			NO ()	
COLLEGE			YES ()	
			NO ()	

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WORK HISTORY

Beginning with your most recent/current employment, please list all jobs, including full time, part time, temporary, and voluntary positions you have held in the past ten (10) years. For identification and verification, please indicate the nature of activity including whether employment is full time, part time, temporary, or voluntary, and description of responsibilities and duties. If additional space is needed, use a separate sheet and attach to this application. If you have had intervening periods of military service and/or unemployment, please document those periods.

EMPLOYER:	ADDRESS:
TELEPHONE:	SUPERVISOR / PHONE #:
DATES EMPLOYED:	POSITION/TITLE:
REASON EMPLOYMENT ENDED:	CURRENT/LAST WAGE RECEIVED:
NATURE OF DUTIES:	
EMPLOYER:	ADDRESS:
TELEPHONE:	SUPERVISOR / PHONE #:
DATES EMPLOYED:	POSITION/TITLE:
REASON EMPLOYMENT ENDED:	CURRENT/LAST WAGE RECEIVED:
NATURE OF DUTIES:	
EMPLOYER:	ADDRESS:
TELEPHONE:	SUPERVISOR / PHONE #:
DATES EMPLOYED:	POSITION/TITLE:
REASON EMPLOYMENT ENDED:	CURRENT/LAST WAGE RECEIVED:
NATURE OF DUTIES:	

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WORK HISTORY (CONTINUED)

EMPLOYER:	ADDRESS:
TELEPHONE:	SUPERVISOR / PHONE #:
DATES EMPLOYED:	POSITION/TITLE:
REASON EMPLOYMENT ENDED:	CURRENT/LAST WAGE RECEIVED:
NATURE OF DUTIES:	
EMPLOYER:	ADDRESS:
TELEPHONE:	SUPERVISOR / PHONE #:
DATES EMPLOYED:	POSITION/TITLE:
REASON EMPLOYMENT ENDED:	CURRENT/LAST WAGE RECEIVED:
NATURE OF DUTIES:	

PERSONAL REFERENCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position. Inquiries will be confined to job-related matters. Information may also be used to confirm identity and obtain proper records. Supply at least three references, other than relatives or anyone else mentioned in this application (i.e. school or military personnel).

NAME	ADDRESS/PHONE	RELATIONSHIP	YEARS KNOWN

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MILITARY EXPERIENCE

Have you ever served in the armed forces, National Guard, or military reserves? () Yes () No

If "Yes", please supply the following Military Service information.

Branch of Service:

Contact Number:

Dates of Service (From/To):

Type of Discharge (Attach Documentation):

Are you currently participating in any military reserve or National Guard program? () Yes () No If "Yes", which branch?

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who you know well enough to provide accurate information about you.

NAME	ADDRESS/PHONE	YEARS KNOWN

Describe/List any specialized training, skills, apprenticeships, certifications, and/or job skills that may pertain to the application:

List any professional, trade, business, or civic activities (you may exclude memberships which would reveal gender, race, religion, national origin, ancestry, disability, or other protected status):

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MISCELLANEOUS INFORMATION

Have you ever been convicted of, pled guilty to, or received a deferred judgement, to a municipal charge, misdemeanor, or felony, other than a traffic citation? () Yes () No

If "Yes", please explain below.

DATE	CHARGE	DISPOSITION	JURISDICTION

Have you ever been issued a traffic citation? () Yes () No

If "Yes", please explain below:

DATE	CHARGE	DISPOSITION	JURISDICTION

Have you ever been the Respondent in an Order of Protection? () Yes () No

If "Yes", please explain below:

READ CAREFULLY BEFORE PROVIDING YOUR SIGNATURE BELOW

I do hereby affirm and certify that all answers and information given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained within this application for employment as may be necessary in arriving to an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge, dismissal, or penalty of law. I further understand that I am required to abide by all rules and regulations of the employer.

I understand that employment may be conditional upon successfully passing a screening process that may include a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment. My refusal to take a drug screening will in no further consideration for employment.

Applicant Signature:

Date: