

# Applicant Information Sheet

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

**Name** (Last, First, MI) \_\_\_\_\_ **SSN:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **\*All correspondence from IDOC Background Unit is sent electronically**

**Primary Telephone:** \_\_\_\_\_ **Secondary 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. **Do you have a current valid driver's license?**  Yes (list below)  No

License#: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

4. **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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **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: \_\_\_\_\_

6. **Are you currently employed?**  Yes  No (explain below)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **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: \_\_\_\_\_

8. **Have you EVER resigned from any employment in lieu of discharge?**  **Yes** (explain below)  **No**

Company Name: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Explain: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Explain: \_\_\_\_\_

9. **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 (Last, First, MI): \_\_\_\_\_ DOB (if known): \_\_\_\_\_ Relationship: \_\_\_\_\_

Facility/Youth Center: \_\_\_\_\_ ID#/YIN#: \_\_\_\_\_  
(or releasee's address)

Name (Last, First, MI): \_\_\_\_\_ DOB (if known): \_\_\_\_\_ Relationship: \_\_\_\_\_

Facility/Youth Center: \_\_\_\_\_ ID#/YIN#: \_\_\_\_\_  
(or releasee's address)

\*relative means a spouse, parent, sibling, child, grandchild, 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.

10. **Have you EVER corresponded with any offender/youth (by mail, phone, or electronic mail) within the Illinois Department of Corrections or the Illinois Department of Juvenile Justice?**  **Yes** (indicate below)  **No**

Name (Last, First, MI): \_\_\_\_\_ DOB (if known): \_\_\_\_\_ Relationship: \_\_\_\_\_

Facility/Youth Center: \_\_\_\_\_ ID#/YIN#: \_\_\_\_\_  
(or releasee's address)

Name (Last, First, MI): \_\_\_\_\_ DOB (if known): \_\_\_\_\_ Relationship: \_\_\_\_\_

Facility/Youth Center: \_\_\_\_\_ ID#/YIN#: \_\_\_\_\_  
(or releasee's address)

11. **Have you EVER visited (including video visitation) 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#
_____	_____	_____	_____
_____	_____	_____	_____

12. **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#
_____	_____	_____	_____
_____	_____	_____	_____

13. 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	DOB (if known)	ID#/YIN#
_____	_____	_____
_____	_____	_____

14. 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, DOB & ID#/YIN# (if known)
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*relative means a spouse, parent, sibling, child, grandchild, 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.

15. 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#
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Have you or any relative\* or close associate\*\* EVER been a member of or associated with a street or prison gang?

Yes (explain below)  No

Name of relative/close associate: \_\_\_\_\_

Applicant's relationship to individual: \_\_\_\_\_

Name of gang: \_\_\_\_\_ Type of affiliation: \_\_\_\_\_

Dates of affiliation: From \_\_\_\_\_ to \_\_\_\_\_ Location: \_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*relative means a spouse, parent, sibling, child, grandchild, 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.

17. Do you have ANY tattoos?

Yes (describe below)  No

Describe each tattoo : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you or have you EVER possessed a Professional License that may be relevant to the duties of the applied for position (such as law, medical, CDL, Educational, PERC, etc.)?

Yes (explain below)  No

License title: \_\_\_\_\_ State Issued: \_\_\_\_\_

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

19. Do you have a current Firearms Owners Identification (FOID) Card?

Yes (indicate # below)  No

Number: \_\_\_\_\_

20. Has any request to obtain a FOID Card ever been denied or revoked?

Yes (explain below)  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. ANSWER ONLY IF YOU ARE APPLYING FOR A POSITION UNDER WHICH YOU WILL BE AUTHORIZED TO CARRY A FIREARM (CORRECTIONAL OFFICER/TRAINEE, CORRECTIONAL TREATMENT OFFICE/TRAINEE, PAROLE AGENT, CANINE SPECIALIST, INTERNAL INVESTIGATOR, ETC.)

In accordance with law, an individual is prohibited from possessing a firearm or firearm ammunition if he or she has been:

- a. Convicted after March 1998 of a domestic violence crime as defined under the Federal Gun Control Act;
- b. Convicted of a felony;
- c. Currently under an order of protection or bond that prohibits the possession or use of firearms; or
- d. Admitted as an inpatient in a mental hospital in the last five years and has not received a court order or waiver from the State Police lifting the prohibition.

Are you currently prohibited from possessing, purchasing, transporting, receiving, or using a firearm for any reason, including those listed above?  Yes (explain below)  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. 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): \_\_\_\_\_  
\_\_\_\_\_

23. Have you EVER applied or attempted to apply for the U. S. or foreign Armed Forces?  Yes

No  
(If no, proceed to #28)

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

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. 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"/> Air Force–National 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
<input type="checkbox"/> Army	<input type="checkbox"/> Army National Guard–Reserve		
<input type="checkbox"/> Marines	<input type="checkbox"/> Marine Reserve		
<input type="checkbox"/> Navy	<input type="checkbox"/> Navy Reserve		
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Coast Guard Reserve		
<input type="checkbox"/> Merchant Marines			
<input type="checkbox"/> Foreign (specify): _____			

Dates of Service Active Duty: \_\_\_\_\_ to \_\_\_\_\_ Reserves: \_\_\_\_\_ to \_\_\_\_\_

26. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Have your driver's privileges EVER been suspended, revoked, or cancelled in any state/county? If so, when, what state or county and under what circumstances was the license suspended, revoked, or cancelled?  Yes (explain below)  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**30. Have you EVER been convicted\* of anything other than a minor traffic violation\*\* as an adult?**

Yes (explain below)  No

Offense Charged: \_\_\_\_\_ Explain: \_\_\_\_\_

Incident Date: \_\_\_\_\_

Sentence: \_\_\_\_\_

Location: \_\_\_\_\_  
City State County

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

\*\*minor traffic violation is defined as a parking or speeding ticket.

**31. Are you currently on court supervision or probation for any charge?**

Yes (explain below)  No

Location: \_\_\_\_\_  
City State County

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**32. Is there any charge pending against you?**

Yes (explain below)  No

Incident Date: \_\_\_\_\_ Explain: \_\_\_\_\_

Offense Charged: \_\_\_\_\_

Location: \_\_\_\_\_  
City State County

Incident Date: \_\_\_\_\_ Explain: \_\_\_\_\_

Offense Charged: \_\_\_\_\_

Location: \_\_\_\_\_  
City State County

**33. Have you EVER been questioned by a law enforcement agency concerning a criminal matter not previously mentioned herein?**

Yes (explain below)  No

Explain: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_  
City State County

**34. Have you ever been convicted of a misdemeanor domestic battery charge? If so, when, what state or county, and what were the circumstances?**

Yes (explain below)  No

Explain: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_  
City State County

**35. Have you EVER been subject to an Order of Protection?**

Yes (explain below)  No

Effective Date of Order: \_\_\_\_\_

Explain: \_\_\_\_\_

Expiration Date of Order: \_\_\_\_\_

Explain: \_\_\_\_\_

Location: \_\_\_\_\_  
City State County

**36. Did any of the offenses you listed in questions 35-36 involve the use or attempted use of force or threatened use of a weapon?**

Yes (list each victim)  No

Victim: \_\_\_\_\_

Relationship: \_\_\_\_\_

Victim: \_\_\_\_\_

Relationship: \_\_\_\_\_

**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 Corrections prior to hire or service. I further understand that the Illinois Department of Corrections 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