**POLICE OFFICER APPLICATION SUPPLEMENT**

Last Name:

First Name:

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

Yes Driver’s License Number:

No

1. Are you eligible for bonding?

Yes

No

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

Yes

No

Date of Birth:

 Month Day Year

1. \*Gender (please circle): Male / Female

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

1. How did you hear about this vacancy?

Applicant’s Signature:

Date:

**For HR Purposes**

**Only:**