

**BETHANY POLICE AUXILIARY UNIT  
BETHANY POLICE DEPARTMENT  
APPLICATION INFORMATION**

Dear Applicant,

Thank you for your interest in the Auxiliary Police Unit of the Bethany Police Department. Members of this paid citizen group perform a vital service to the Department and the citizens of Bethany.

Each member is selected from applicants who meet the following qualifications; live within Moultrie County, at least 21 years of age, but not more than 57 years of age, with a maximum retirement age of 62, physically fit, a high school graduate, possess a valid Illinois driver's license and a valid Firearm Owner's Identification Card. Applicants must complete the attached application in full, submit to a physical examination if indicated, background check of criminal activity, and pass an oral interview.

Those who are selected to be members of the Unit will receive training on various law enforcement topics. Auxiliary Officers may exercise police powers only when in uniform and on recognized duty by the Bethany Police Department. The Village of Bethany provides free of charge for Auxiliary use: equipment as determined by the Chief of Police. Officer will be required to purchase their uniform pants (Black BDU style), belts and accessories. The Village will provide the Uniform shirt that will be returned when employment ends.

The individual must purchase at his/her own expense any approved firearm, flashlight, and other personal equipment. Expense for the equipment you must buy may exceed \$700.00. The Department must approve all defensive weapons carried by an Auxiliary Officer. Training will be provided for any Department issued equipment.

Auxiliary Officers are asked to perform at least 8 hours of approved duty-time per month. This may include working at public events such as parades, the Bethany Celebration, 4<sup>th</sup> of July, or other events as they are scheduled. Many holidays and Saturday events require Auxiliary participation. Auxiliary Officers may also meet their duty obligation by riding as a second officer in a patrol car and shall participate in the continuing education meetings.

Please be sure to complete all parts of the application. If you are currently employed, your employer must complete their part of the Employee-Employer form.

Submit your application by mail to: Village of Bethany,  
PO Box 352 Bethany IL 61914

APPLICANTS TO BE INTERVIEWED WILL BE NOTIFIED BY MAIL/EMAIL or PHONE



# VILLAGE OF BETHANY

## AUXILIARY POLICE OFFICER APPLICANT BACKGROUND QUESTIONNAIRE

This questionnaire **MUST BE LEGIBLE!** It is to be completed and returned to the Bethany Police Department, attention Chief Nichols, by the deadline on the attached cover letter.

**Every question must be answered legibly.** Part of your evaluation will include the information on this form so be thorough. If a question does not apply, it should be marked "N/A" (not applicable). Information should be **printed or typed** personally by the applicant and **must be legible**. If additional space is needed, attach additional sheets.

Today's Date \_\_\_\_\_ Social Security No. \_\_\_\_\_ U.S. Citizen \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Have you ever gone by another name: \_\_\_\_\_ Yes \_\_\_\_\_ No

Legally changed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Previous Name (s) \_\_\_\_\_

Current Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Current College Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
(Area code/number) (Area code/number)

Cell Phone No. \_\_\_\_\_ Pager Phone No. \_\_\_\_\_  
(Area code/number) (Area code/number)

Home E-Mail Address \_\_\_\_\_

Work E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F  
(month/day/year)

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Firearm Owner's ID No. \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth \_\_\_\_\_  
(City) (State) (County)

Are you available for an interview at any time: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, what days and times are convenient?

**FORMER ADDRESSES**

List all former addresses, starting with the most recent, for the past twenty years. (Do not include prior addresses before age 13). Include street addresses, city, state, zip, county & dates of residence. List present address first. Use the reverse side of this page if more space is needed.

Street Address: \_\_\_\_\_ Start / End Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

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Street Address: \_\_\_\_\_ Start / End Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

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Street Address: \_\_\_\_\_ Start / End Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

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Street Address: \_\_\_\_\_ Start / End Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

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## Education

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College / University Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: ----- \_\_\_\_\_ Major: \_\_\_\_\_ Diploma: \_\_\_\_\_

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Other School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: ----- \_\_\_\_\_ Major: \_\_\_\_\_ Diploma: \_\_\_\_\_

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## WORK HISTORY

List all employment and unemployment periods beginning with present and going back to high school graduation year. Use the reverse side of this page if additional space is needed. **(MUST LIST COMPLETE NAME AND ADDRESS, INCLUDING ZIP CODE & COUNTY)**

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Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Start / End Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Employer's Phone Number: ----- \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Start / End Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Employer's Phone Number: ----- \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Start / End Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Employer's Phone Number: ----- \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Have you ever been dismissed or asked to resign from any position or employment you have held? \_\_\_\_ Yes \_\_\_\_ No If yes, explain on back.

**List all employment discipline actions taken against you by any employer.**

Employer's Name	Date	Charge	Action Taken

### **MILITARY RECORD**

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

Dates of service (from - to): \_\_\_\_\_ Branch: \_\_\_\_\_

Service Type: ( ) Active ( ) National Guard ( ) Reserves ( ) Other

Specialty: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Discharge Type (if less than honorable explain): \_\_\_\_\_

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### **MILITARY DUTY STATIONS**

Base / Station Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Start / End Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Base / Station Phone Number ----- \_\_\_\_\_

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Base / Station Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Start / End Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Base / Station Phone Number ----- \_\_\_\_\_

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### **MILITARY DISCIPLINE RECORD**

List all charges against you including all formal charges, whether found guilty or not.

DATE	CHARGE	TYPE OF PROCEEDING	DISPOSITION

### **REFERENCES**

List five persons (not relatives of yourself or spouse) as references to your character, integrity, honesty, personality and qualifications for an appointment to the position of **AUXILIARY POLICE OFFICER** with the Village of Bethany, Illinois. **(MUST LIST COMPLETE NAME & ADDRESS, INCLUDING ZIP CODE, COUNTY & PHONE NUMBERS.)**

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Yrs known applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: ----- \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Yrs known applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: ----- \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Yrs known applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: ----- Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

**POLICE RECORD**

**List all arrests** (regardless of court action) and convictions, including **all traffic tickets**.

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

Agency Name & Type (city, county, state or other): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Charge(s): \_\_\_\_\_ Disposition: \_\_\_\_\_

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

Agency Name & Type (city, county, state or other): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Charge(s): \_\_\_\_\_ Disposition: \_\_\_\_\_

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

Agency Name & Type (city, county, state or other): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Charge(s): \_\_\_\_\_ Disposition: \_\_\_\_\_

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**If you require more space, please use the back of this page.**

Have your driving privileges ever been suspended or revoked in this or any other state?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain in detail. \_\_\_\_\_

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**COURT RECORD**

List all court proceedings in which you have been involved as a witness, defendant or plaintiff—**both civil and criminal.**

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Defendant(s): \_\_\_\_\_ Nature of Proceedings: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Defendant(s): \_\_\_\_\_ Nature of Proceedings: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Defendant(s): \_\_\_\_\_ Nature of Proceedings: \_\_\_\_\_

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**List any business interests in which you are or have been involved.**

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Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Percent of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: ----- \_\_\_\_\_ Start / End Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Percent of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: ----- \_\_\_\_\_ Start / End Date: \_\_\_\_\_

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**DEBTS AND JUDGEMENTS**

List all debts and judgments against you or your spouse. Include only those debts over \$10,000.00.

Creditor Name: \_\_\_\_\_

Amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Reason for Payment: \_\_\_\_\_

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Creditor Name: \_\_\_\_\_

Amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Reason for Payment: \_\_\_\_\_

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Have you ever been refused **INSURANCE** (vehicle), **SURETY BOND** (personal or corporate), **DRIVER'S LICENSE** (Illinois or other state)? If the answer is YES to any of these, please answer in detail. \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

DATE	Agency	REASON FOR REFUSAL

**Have you ever applied for a AUXILIARY POLICE OFFICER position in any other agency?**

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Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Application: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: ----- \_\_\_\_\_ Are you currently on their eligibility list: ( ) YES ( ) NO

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Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Application: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: ----- \_\_\_\_\_ Are you currently on their eligibility list: ( ) YES ( ) NO

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**BEFORE SIGNING, CHECK FOR ERRORS OR OMISSIONS**

I hereby certify that this questionnaire contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentations or falsifications, my application may be rejected, my name will be removed from the register, or I may be dismissed.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE OF FILING THIS QUESTIONNAIRE** \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION  
TO THE VILLAGE OF BETHANY, ILLINOIS**

**TO WHOM IT MAY CONCERN:**

I hereby authorize any representative of the Village of Bethany bearing this release, or copy thereof, within two years of its date, to obtain any information in the files of any of my employers, current or former, pertaining to my employment, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, credit reports, arrest records or other information (traffic arrests, criminal arrests, civil litigation and child support). I hereby direct release of such information upon request of the bearer. This release is executed with the full knowledge and understanding that the information is for official use of the Village of Bethany, Illinois. I hereby release my employers, both current and former, as the custodian of such records, and any school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency or retail business establishment, including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization or request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: \_\_\_\_\_  
Signature (first, middle, last)

Full Name: \_\_\_\_\_  
Typed or Printed Name

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

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

Telephone No: \_\_\_\_\_  
(Include area code)

**Bethany Police Auxiliary  
Unit Application  
Employee-Employer Form**

**Employee**

By ordinance, the Village of Bethany, Illinois has provided for the establishment of a Bethany Police Auxiliary Unit. Before appointment an applicant shall be investigated in such depth and scope as deemed necessary by the Chief of Police.

Members of the Auxiliary will be furnished uniforms and equipment by the Village of Bethany and will be returned by the member when the member is terminated from the Auxiliary.

The members will be trained in such police procedures as the Chief of Police designates. The members will attend no less than sixty (60) hours of initial training to qualify as a member of the Auxiliary. Training will be on a continuing basis thereafter. Training will be instituted by the Chief of Police and may include traveling to training sites, on the job training and so on.

I have read the above and understand that I must maintain all city property in good condition, returning the same upon separation from the Auxiliary. I must attend the training sessions and be available for emergency duty call when available.

Date: \_\_\_\_\_ Signed \_\_\_\_\_

**Employer**

The above signed employee has acquainted me with his/her interest in joining the Bethany Police Auxiliary Unit. I know of no existing company policy, rule or regulation, which will prevent this employee from becoming a member.

I understand that in the event of a community emergency situation, the employee could be absent from his/her duties and/or responsibilities to this employer. I understand that the Chief of Police will request the attendance of this employee only in the event of a condition, which would affect the health, and welfare of the citizens within the community. I pledge cooperation to this employee and to the Village of Bethany in this matter.

Date: \_\_\_\_\_ Signed \_\_\_\_\_