



Public Safety Employment Application

Illinois State Police Merit Board

Submitted: 5/23/2022

PERSONAL INFORMATION

Social Security Number: 7(1)(b)

Name(Last)

MARCOTTE

(First)

ADAM

(Middle)

DAVIS

Have you ever legally changed your name? **N**

List all other names or aliases you have used, or by which you have been known. Include maiden name.

N/A

Present Street Address

7(1)(b)

City, State, ZIP & County

7(1)(b)

Home Phone

NO LANDLINE

Cell Phone

7(1)(b)

Work Phone

7(1)(b)

Additional Phone

NONE

Email Address

7(1)(b)

With whom do you live at the above address?

7(1)(c)

How did you hear about the Illinois State Police Trooper Application?

Trooper Alex Hager

If you were referred by a State Trooper, please provide the Trooper's ID Number:

Trooper Alex Hager #6948

Gender

M

Ethnic Origin

Caucasian

Date of Birth

7(1)(b) & 7(1)(c)

Age

7(1)(b) & 7(1)(c)

Place of Birth

7(1)(b) & 7(1)(c)

Are you a citizen the United States? **Y**

If "Yes", how was citizenship acquired? **Born in the United States**

If you are a Naturalized Citizen, please provide your Citizenship number:

Are you willing to accept an assignment anywhere in the state of Illinois? **N**

List any internet based social networking you are now or have been involved in (i.e. Facebook, Instagram, snapchat, etc.)

Facebook, Snapchat, Instagram, LinkedIn, Parler, Twitter.

List any identifying marks, scars, birthmarks or tattoos that you have:

None

MARITAL STATUS/FAMILY PROFILE

Current Marital Status

Are you currently married? 7(1)(c)

If "yes", complete the following information for your spouse:

First Name 7(1)(c)	Middle Name 7(1)(c)	Last Name 7(1)(c)
DOB 7(1)(b) & 7(1)(c)	Occupation 7(1)(c)	
Address 7(1)(b) & 7(1)(c)		
City 7(1)(b) & 7(1)(c)	State 7(1)(b) & 7(1)(c)	ZIP 7(1)(b) & 7(1)(c)
Home Phone 7(1)(b) & 7(1)(c)	Occupation 7(1)(c)	

Previous Marital Information

Have you ever been previously married? N

If "yes", how many times?

Previous Spouse 1

First Name N/A	Middle Name N/A	Last Name N/A
DOB N/A		

Previous Spouse 2

First Name N/A	Middle Name N/A	Last Name N/A
DOB N/A		

Previous Spouse 3

First Name N/A	Middle Name N/A	Last Name N/A
DOB N/A		

Family Profile

List every member of your immediate family (BOTH living and deceased). Include father, mother, brothers and sisters, children, step-parents, half and step siblings.

1.	Name 7(1)(c)	Relationship 7(1)(c)	Date of Birth 7(1)(b) & 7(1)(c)	Address, City, St 7(1)(b) & 7(1)(c)
	Occupation 7(1)(c)	Home Phone 7(1)(b) & 7(1)(c)	Work/Cell Phone 7(1)(b) & 7(1)(c)	
2.	Name 7(1)(c)	Relationship 7(1)(c)	Date of Birth 7(1)(b) & 7(1)(c)	Address, City, St 7(1)(b) & 7(1)(c)
	Occupation 7(1)(c)	Home Phone 7(1)(b) & 7(1)(c)	Work/Cell Phone 7(1)(b) & 7(1)(c)	
3.	Name 7(1)(c)	Relationship 7(1)(c)	Date of Birth 7(1)(b) & 7(1)(c)	Address, City, St 7(1)(b) & 7(1)(c)
	Occupation	Home Phone	Work/Cell Phone	

- | | | | | |
|----|-------------------|---------------------|------------------------|--------------------------|
| | 7(1)(c) | 7(1)(b) & 7(1)(c) | 7(1)(b) & 7(1)(c) | |
| | | | | |
| | <i>Name</i> | <i>Relationship</i> | <i>Date of Birth</i> | <i>Address, City, St</i> |
| 4. | 7(1)(c) | 7(1)(c) | 7(1)(b) & 7(1)(c) | 7(1)(b) & 7(1)(c) |
| | | | | |
| | <i>Occupation</i> | <i>Home Phone</i> | <i>Work/Cell Phone</i> | |
| | 7(1)(c) | 7(1)(b) & 7(1)(c) | 7(1)(b) & 7(1)(c) | |
| | | | | |
| | <i>Name</i> | <i>Relationship</i> | <i>Date of Birth</i> | <i>Address, City, St</i> |
| 5. | 7(1)(c) | 7(1)(c) | 7(1)(b) & 7(1)(c) | 7(1)(b) & 7(1)(c) |
| | | | | |
| | <i>Occupation</i> | <i>Home Phone</i> | <i>Work/Cell Phone</i> | |
| | 7(1)(c) | 7(1)(b) & 7(1)(c) | 7(1)(b) & 7(1)(c) | |
| | | | | |
| | <i>Name</i> | <i>Relationship</i> | <i>Date of Birth</i> | <i>Address, City, St</i> |
| 6. | 7(1)(c) | 7(1)(c) | 7(1)(b) & 7(1)(c) | 7(1)(b) & 7(1)(c) |
| | | | | |
| | <i>Occupation</i> | <i>Home Phone</i> | <i>Work/Cell Phone</i> | |
| | 7(1)(c) | 7(1)(b) & 7(1)(c) | 7(1)(b) & 7(1)(c) | |
| | | | | |
| | <i>Name</i> | <i>Relationship</i> | <i>Date of Birth</i> | <i>Address, City, St</i> |
| 7. | 7(1)(c) | 7(1)(c) | 7(1)(b) & 7(1)(c) | 7(1)(b) & 7(1)(c) |
| | | | | |
| | <i>Occupation</i> | <i>Home Phone</i> | <i>Work/Cell Phone</i> | |
| | 7(1)(c) | 7(1)(b) & 7(1)(c) | 7(1)(b) & 7(1)(c) | |
| | | | | |
| | <i>Name</i> | <i>Relationship</i> | <i>Date of Birth</i> | <i>Address, City, St</i> |
| 8. | 7(1)(c) | 7(1)(c) | 7(1)(b) & 7(1)(c) | 7(1)(b) & 7(1)(c) |
| | | | | |
| | <i>Occupation</i> | <i>Home Phone</i> | <i>Work/Cell Phone</i> | |
| | 7(1)(c) | 7(1)(b) & 7(1)(c) | 7(1)(b) & 7(1)(c) | |

Dependents

Are you currently financially responsible for dependent children? 7(1)(c)

If "yes", how many? 7(1)(c)

Do your dependents live with you? 7(1)(c)

ALCOHOL, ILLEGAL DRUG USE AND GAMBLING

Are you currently now abusing or excessively using alcohol? **N**

Do you currently use illegal drugs? **N**

Are you currently now excessively gambling? **N**

Have you ever experimented with marijuana? **Y**

If "Yes", how many times? **More than 10, Less than 30.**

Estimate the last time you used this substance: **Aug 2008**

Have you ever experimented with cocaine? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with amphetamines, methedrine, Dexedrine, "speed", "crank"? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with PCP (angel dust)? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with crack cocaine, opiates, morphine, heroin? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with hallucinogens? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with any illegal drugs NOT listed above? **N**

If "Yes", list the drugs below:

How many times? (provide for each drug listed)

Estimate the last time you used each substance: (provide month and year)

Have you ever illegally used or experimented with any other drugs? **N**

If "Yes", list the drugs below:

How many times? (provide for each drug listed)

Estimate the last time you used each substance: (provide month and year)

EDUCATIONAL HISTORY

Provide a chronological history of colleges/universities you have attended. Include addresses, contact phone numbers and start and end dates for each location.

College 1

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
University of Illinois 901 W Illinois St Suite 140 Urbana IL 61801	217-333-2034	4	C	8/2004 - 3/2008
<i>Did you graduate?</i> N				
<i>If "Yes", list the degree you earned at this institution:</i>				

College 2

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A
N/A NA				
<i>Did you graduate?</i> N				
<i>If "Yes", list the degree you earned at this institution:</i>				

College 3

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A
N/A NA				
<i>Did you graduate?</i> N				
<i>If "Yes", list the degree you earned at this institution:</i>				

College 4

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A
N/A NA				
<i>Did you graduate?</i> N				
<i>If "Yes", list the degree you earned at this institution:</i>				

College 5

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A
N/A NA				
<i>Did you graduate?</i> N				
<i>If "Yes", list the degree you earned at this institution:</i>				

College 6

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A
N/A NA				
<i>Did you graduate?</i> N				
<i>If "Yes", list the degree you earned at this institution:</i>				

Additional Information

As of Recruitment test date, indicate the HIGHEST level of education you will have completed:

Sixty (60) semester hours with NO degree

List any professional licenses or certificates you hold or have held.

LEAD HOMICIDE INVESTIGATOR, CIT, SEXUAL ASSAULT INVESTIGATOR, MASTER FIREARMS INSTRUCTOR, PATROL RIFLE INSTRUCTOR, CHILDFIRST FORENSIC INTERVIEWER, AND MANY MORE MTU CERTIFICATIONS AVAILABLE UPON REQUEST.

DRIVING HISTORY

Do you possess a valid Driver's License? **Y**

State

IL

License Number

7(1)(b)

Date of Expiration

03/01/2026

As a driver, have you ever been involved in a traffic accident? **N**

If Yes, please explain: include date, location, and nature of accident (personal injury, property damage, etc):

N/A

Have you ever been refused a driver's or chauffeur's license by any state? **N**

If Yes, please explain:

N/A

Have you ever had a driver's or chauffeur's license in any other state? **N**

If Yes, where:

Has your license ever been suspended, revoked, or placed on probation? **N**

If Yes, please explain:

N/A

RESIDENCES

List your addresses for the last ten years, starting with present address first.

Current Residence

Address (City, State, ZIP)

7(1)(b)

From (Month/Year)

05/2017

To (Month/Year)

PRESENT

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent?

Previous Residence 1

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

08/2015

To (Month/Year)

05/2017

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent?

Leasing Company/Landlord Name:

7(1)(b) & 7(1)(c)

Phone Number

7(1)(b) & 7(1)(c)

Previous Residence 2

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

04/2014

To (Month/Year)

08/2015

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent?

Leasing Company/Landlord Name:

7(1)(b) & 7(1)(c)

Phone Number

7(1)(b) & 7(1)(c)

Previous Residence 3

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

10/2013

To (Month/Year)

04/2014

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent?

Leasing Company/Landlord Name:

7(1)(b) & 7(1)(c)

Phone Number

7(1)(b) & 7(1)(c)

Previous Residence 4

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

PRIOR TO 2012

To (Month/Year)

10/2013

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent?

Leasing Company/Landlord Name:

7(1)(b) & 7(1)(c)

Phone Number

UNKNOWN

Previous Residence 5

Address (City, State, ZIP)

N/A ,

From (Month/Year)

To (Month/Year)

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent?

Previous Residence 6

Address (City, State, ZIP)

From (Month/Year)

To (Month/Year)

N/A ,

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? **N**

Previous Residence 7

Address (City, State, ZIP)

From (Month/Year)

To (Month/Year)

N/A ,

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? **N**

Previous Residence 8

Address (City, State, ZIP)

From (Month/Year)

To (Month/Year)

N/A ,

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? **N**

MILITARY SERVICE

Do you currently have three (3) years of consecutive, FULL-TIME, active military duty? **N**

Are you currently serving or have you ever served in any branch of the United States Armed Forces? **Y**

<i>Branch</i>	<i>Unit</i>	<i>Rank at discharge</i>
UNITED STATES MARINE CORPS	OFFICER CANDIDATE SCHOOL	CANDIDATE

List periods of active service:

<i>From</i>	<i>To</i>
SUMMER 2005/2007	SUMMER 2005/2007

At the time of discharge, what type of discharge did you received? **SEPARATED**

Are you now or were you ever a member of the U.S. Reserve Forces? **N**

<i>Active/Inactive</i>	<i>Branch</i>	<i>Unit</i>	<i>Rank</i>
N	N/A	N/A	N/A
<i>Location</i>	<i>From</i>	<i>To</i>	
N/A	N/A	N/A	

Are you now or were you ever a member of the U.S. National Guard? **N**

<i>State</i>	<i>Regiment</i>	<i>Unit</i>	<i>Rank</i>
NA	N/A	N/A	N/A
<i>Location</i>	<i>From</i>	<i>To</i>	
N/A	N/A	N/A	

CRIMINAL HISTORY

Have you ever been arrested, detained, pled guilty or no contest to a charge involving assault, domestic violence or stalking? **N**

If "Yes", please provide a detailed description of each and the outcome:

Have you ever been incarcerated? **N**

If "Yes", please provide a detailed description and the outcome:

Have you ever been on probation or parole? **N**

If "Yes", please explain:

Have you ever been sentenced to community service? **N**

If "Yes", please explain:

Have you ever been ordered to make restitution? **N**

If "Yes", please explain:

Have you ever been mandated to counseling or education? **N**

If "Yes", please explain:

Have you ever been convicted of any of the following crimes as either misdemeanors or felonies?

- | | |
|-----------------|----------|
| 1) Manslaughter | N |
| 2) Robbery | N |
| 3) Burglary | N |

- | | |
|--|---|
| 4) Fraud | N |
| 5) Kidnapping | N |
| 6) Forgery | N |
| 7) Money Laundering | N |
| 8) Solicitation of a Child | N |
| 9) Criminal Sexual Abuse | N |
| 10) Criminal Sexual Assault | N |
| 11) Aggravated Criminal Sexual Assault | N |
| 12) Aggravated Criminal Sexual Abuse | N |
| 13) Public Indecency | N |
| 14) Prostitution | N |
| 15) Soliciting for a Prostitute | N |
| 16) Keeping a Place of Prostitution | N |
| 17) Patronizing a Prostitute | N |
| 18) Pimping | N |
| 19) Juvenile Pimping | N |
| 20) Exploitation of a Child | N |
| 21) Aggravated Assault | N |
| 22) Intimidation | N |
| 23) Theft | N |
| 24) Institutional Vandalism | N |
| 25) Mob Action | N |
| 26) Obstructing Justice | N |
| 27) Perjury | N |
| 28) Suborning Perjury | N |
| 29) Tampering with Public Records | N |
| 30) Keeping a Gambling Place | N |
| 31) Domestic Violence | N |

Do you have or have you ever possessed a valid Firearms Owner Identification Card? **Y**

If Yes, please complete:

Card number

7(1)(b) & 7(1)(d)

Expiration date

10/18/2031

EMPLOYMENT HISTORY

Are you currently employed? **Y**

Were you ever placed on a police eligibility list and not hired? **Y**

If "Yes" provide the date, agency and which processes you participated in for each agency (i.e. Written exam, Physical Ability Test, Oral Interview, Background Investigation, Polygraph, Psychological Evaluation, Medical Exam):

2015-DANVILLE, IL PD, PASSED WRITTEN EXAM, PHYSICAL, AND ORAL INTERVIEW. 2013-DECATUR, IL PD, PASSED WRITTEN EXAM, PHYSICAL, AND ORAL INTERVIEW.

Are you now on any eligibility lists? **N**

Have you ever been a police officer? **Y**

If "Yes" please continue (department, date & location):

URBANA, IL PD, 08/ TO PRESENT. KANKAKEE COUNTY, IL SO, 11/2013 TO 08/2015, MOMENCE, IL PD, 07/2014 TO 06/2015.

Do you have at least three (3) years of continuous FULL-TIME service as a police officer within the same police agency? **Y**

Were you ever discharged or asked to resign from any employment? **N**

If Yes, please explain:

Are you now or have you ever been engaged in any business as an owner, partner or officer? **7(1)(c)**

If Yes, please explain:

7(1)(c)

List all jobs you have held for the last ten years. Please put your present or most recent job first. Be sure to include military service and/or periods of unemployment in the sequence.

Job 1

Employer's Name

URBANA IL POLICE DEPARTMENT

Type of Business

POLICE DEPARTMENT

Address/City/State/ZIP

400 S VINE ST URBANA IL 61801

Name and Title of Supervisor

SGT DAVE ROESCH DETECTIVE SERGEANT

Telephone Number

217-898-1998

From(Month/Year)

08/10/2015

To(Month/Year)

PRESENT

Title or Position

DETECTIVE

JUVENILE DETECTIVE, FIREARMS INSTRUCTOR, LESS LETHAL INSTRUCTOR/COORDINATOR, FOP VICE PRESIDENT, ICAC TASK FORCE (ATTORNEY GENERAL), CRIME SCENE INVESTIGATOR, FTO, USE OF FORCE REVIEW BOARD, PENDING TASK FORCE OFFICER TO HOMELAND SECURITY INVESTIGATIONS (SPRINGFIELD, IL).

Reason for leaving

BETTER OPPORTUNITY

Job 2

Employer's Name

KANKAKEE COUNTY SHERIFF'S OFFICE

Type of Business

POLICE DEPARTMENT

Address/City/State/ZIP

3000 S JUSTICE WAY KANKAKEE IL 60901

Name and Title of Supervisor

LT BOB LOWEY PATROL COMMANDER

Telephone Number

815-933-3324

From(Month/Year)

10/??/2011

To(Month/Year)

08/08/2015

Title or Position

DEPUTY SHERIFF, CORRECTIONAL OFFICER PATROL OFFICER 10/2013-08/2015 CORRECTIONS OFFICER 10/2011-10/2013

Reason for leaving

LAYOFF AS A RESULT OF COUNTY FINANCES.

Job 3

Employer's Name

MOMENCE PD

Type of Business

POLICE DEPARTMENT

Address/City/State/ZIP

123 W RIVER ST MOMENCE IL 60954

Name and Title of Supervisor

JEFF CAVENDER CHIEF

Telephone Number

815-472-2021

From(Month/Year)

07/2014

To(Month/Year)

06/2015

Title or Position

POLICE OFFICER

PATROL. PART-TIME FROM 07/2014 TO 01/2015 WHILE EMPLOYED FULL TIME WITH KCSO AS DEPUTY. FULL-TIME FROM 01/2015 TO 06/2015 WHILE LAID OFF FROM KCSO.

Reason for leaving

RE-CALLED FROM LAYOFF BACK TO KCSO.

Job 4

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A what were your duties

N/A

Reason for leaving

N/A

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

Job 5

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A what were your duties

N/A

Reason for leaving

N/A

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

Job 6

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A what were your duties

N/A

Reason for leaving

N/A

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

Job 7

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A what were your duties

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

N/A

Reason for leaving

N/A

Job 8

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A *What were your duties*

N/A

Reason for leaving

N/A

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

Job 9

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A *What were your duties*

N/A

Reason for leaving

N/A

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

Job 10

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A *What were your duties*

N/A

Reason for leaving

N/A

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

ACQUAINTANCE/REFERENCES

Please provide the names of five adults NOT related to you, whom you have known for a period of (preferably) more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

1. *Name*

Home Telephone Number

7(1)(c)

Address/City/State/Zip

7(1)(b) & 7(1)(c)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

7(1)(b) & 7(1)(c)

Occupation or Profession

7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

2. Name

7(1)(c)

Address/City/State/Zip

7(1)(b) & 7(1)(c)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b) & 7(1)(c)

Occupation or Profession

7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

3. Name

7(1)(c)

Address/City/State/Zip

7(1)(b) & 7(1)(c)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b) & 7(1)(c)

Occupation or Profession

7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

4. Name

7(1)(c)

Address/City/State/Zip

7(1)(b) & 7(1)(c)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b) & 7(1)(c)

Occupation or Profession

7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

5. Name

7(1)(c)

Address/City/State/Zip

7(1)(b) & 7(1)(c)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b) & 7(1)(c)

Occupation or Profession

7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

Person(s) to notify in case of an emergency:

1. Name

7(1)(c)

Address/City/State/Zip

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b) & 7(1)(c)

Relationship

7(1)(c)

2. Name

7(1)(c)

Address/City/State/Zip

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b) & 7(1)(c)

Relationship

7(1)(c)



CHECK LIST: ILLINOIS STATE POLICE MERIT BOARD

Application:

Confirmed online

WRITE CONFIRMATION NUMBER HERE: [REDACTED]

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITHIN 30 DAYS OF THE CONFIRMATION DATE LISTED ABOVE

If received after 30 days your application will be deemed invalid.

Release Forms (pages 1-6):

- Entry-Level Trooper Basic Questionnaire* (pg. 1)
- Fitness Test Waiver and Release of Liability* (pg. 2)
- Authorization for Release of Personal Information* (pg. 3)
- Authorization for Background Check - DCFS (pg. 4)
- Fast Track Questionnaire (pg. 5)
- Selective Service Form (males only) (pg. 6)

*No photocopies or fax copies will be accepted. You must submit original release forms with original signatures. Acceptable witness signatures include adult family members and friends.

Other required documents:

- COPY valid Driver's License** (copy of front and back if you received a renewal sticker)
- Recent Color Photo of yourself shoulders up (face only) – must be in color and clear**
READ CAREFULLY: Black and white and/or unclear photos will not be accepted. It is recommended to have a white or off-white background to ensure clear photo).
- COPY Birth Record**
READ CAREFULLY: Must contain the applicant's full name and date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the documents. ONE of the following is acceptable and required as the birth record:
 - Copy of U.S. Birth Certificate** (Copy of original or certified by a Board of Health or Bureau of Vital statistics within the U.S. State Department or U.S. territories
Hospital copy NOT accepted.)
 - OR**
 - Copy of Valid U.S. Passport**
 - OR**
 - Copy of Naturalization Papers**
- COPY of Military DD-214 Long Form** (if applicable)
READ CAREFULLY: DD-214 must specifically denote your discharge status as honorable – if you fail to provide the DD-214 long form containing this status your military experience will not be considered
- COPY of Law Enforcement Officer Certification** issued from the Illinois Local Governmental Law Enforcement Officers Training and Standards Board (if applicable)

College/University Transcripts – must be submitted along with above documentation:

- SEALED Original, Official College/University Transcripts from a regionally accredited institution confirming successful completion of education requirements.**
READ CAREFULLY: If you have a degree, transcripts MUST indicate date the degree was conferred. If you do NOT have a degree, transcripts MUST provide proof that semester hours meet the specified criteria listed on the minimum requirements page. College/University must be regionally accredited by one of the acceptable associations listed on the minimum requirements page.



Illinois State Police Merit Board

Entry-Level Trooper Eligibility Questionnaire

Social Security Number:

7(1)(b)

Name:

Last

Marcotte

First

Adam

Middle

Davis

The following questions must be answered in order to determine your eligibility set forth by the Illinois Compiled Statutes and Merit Board Rules.

Yes

No

Have you ever been convicted of a felony?

Are you a citizen of the United States?

Do you have a valid driver's license?

Are you willing to accept an assignment anywhere in the state?

Please indicate the highest level of education you will have earned at the time your application is submitted:

60 Credit Hours with NO degree

Associate's Degree

Bachelor's Degree

Master's Degree

Doctorate

None

If applicable, please indicate the military service met at the time your application is submitted:

Three (3) years of continuous, full-time military duty with an honorable discharge

Served in a combat mission by proof of hostile fire pay or imminent danger pay with an honorable discharge

Awarded one of the following: Afghan Campaign Medal, Iraqi Campaign Medal, Southwest Asia Service Medal, Kosovo Campaign Medal, Korean Defense Service Medal, or Global War on Terrorism Expeditionary Medal and received honorable discharge

I certify that the facts set forth on this questionnaire and my online application are true and complete. I understand any false statements may be considered sufficient cause for rejection.

Applicant Name:

Adam Marcotte

(printed)

Applicant Signature:

7(1)(b) & 7(1)(c)

Date:

5/23/22



FITNESS TEST WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION of the granting of my request to be permitted to take the Illinois State Police Merit Board Examinations and particularly that portion thereof known as the Fitness Test, I hereby waive any claim for injuries to my person that may arise out of my taking, and participating in, the Fitness Test as administered by Illinois State Police sworn personnel. As such applicant, I undertake to assume the risk of all dangerous conditions which may exist on the premises where the tests are administered or the equipment and/or facilities used, and waive notice of the existence of such conditions and rely on my inspection of the same.

IN FURTHER CONSIDERATION of my being permitted to take the Fitness Test, I hereby release the State of Illinois, all of its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or damage to my property while taking said Fitness Test.

I have read the foregoing and understand every word of this Release and Waiver.

AGREED TO AND ACCEPTED on this 23 day of May, 2022.

Signed: _____
7(1)(b) & 7(1)(c)

Print Name: Adam Marcotte

Address: _____
7(1)(b) & 7(1)(c)

***** APPLIES ONLY TO FEMALE APPLICANTS WHO ARE EXPECTING *****

I, _____, do hereby attest to the fact of being aware of my pregnancy and still choose to participate in this Fitness Test. I release the State of Illinois, all of its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or to my unborn child.

Signature: _____

Executive Director
Illinois State Police Merit Board

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the execution of this form, I Adam Marcotte authorize the State of Illinois, Illinois State Police to conduct an investigation into all aspects of my qualifications and background. I also authorize any individual, organization, or agency which maintains records relating to me to provide these records on request to any agency of the Illinois State Police conducting such an investigation. This authorization includes, but is not limited to, employment records, credit records, and criminal history records. The intent of this authorization is to give my consent to full and complete disclosure of criminal records, driver's license records, internal investigation records, military records, records of educational and financial institutions, employment and pre-employment records, background reports, efficiency ratings, and complaints. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Record Review Act.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I authorize the Illinois State Police and its agents to provide copies of any records obtained pursuant to this release to any person(s) who are authorized to participate in the vetting of my qualifications and background for employment purposes. I further release the Illinois State Police, its agents and designees under this release, from any and all liability which may be incurred as a result of furnishing such information.

7(1)(b) & 7(1)(c) _____ Date 5/23/22 _____
Signature Date
Adam, Davis, Marcotte _____
Print Name (First, Middle, Last) Maiden Last Name, former Married name(s) or other names used
7(1)(b) _____ 7(1)(b) & 7(1)(c) _____
Current Address Previous Address
7(1)(b) _____ 7(1)(b) & 7(1)(c) _____
City/State/Zip City/State/Zip

To process this form, the following information has been requested by the Illinois State Police:

7(1)(b) & 7(1)(c) _____ 7(1)(b) _____ 7(1)(b) _____
Date of Birth Social Security Number Contact Phone Number
7(1)(b) _____ m/w _____ 7(1)(b) _____
Driver's License Number Sex/Race Email Address

Authorization for Appointment/Employment Credit Report

I authorize the Illinois State Police to obtain a credit report on myself through the credit reporting agency of its choice.

7(1)(b) & 7(1)(c) _____ Date 5/23/22 _____
Signature Date
Adam Marcotte _____
Print Name

Employment Credit Report Disclosure Statement

The Illinois Police will procure a credit report concerning my employment. If an adverse employment decision is made due totally or partially to the information on the credit report, the Illinois State Police will provide me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

7(1)(b) & 7(1)(c) _____ Date 5/23/22 _____
Signature Date
Adam Marcotte _____
Print Name

ISP 4-28 (10/14)

2019 Illinois State Police Merit Board

Required Document Page 3 OF 6

COPIES OR FAXES NOT ACCEPTED. ORIGINAL INK SIGNATURES REQUIRED. SEE CHECK LIST FOR LIST OF ALL REQUIRED DOCUMENTS. LEAVE NO BLANKS. CALL 800.343.HIRE WITH QUESTIONS BEFORE SUBMITTING AN APPLICATION.

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: Marcelle Adam Davis
Last First Middle

Date of Birth: 7(1)(b) & 7(1)(c) Gender: Male Female Race: White

Current Address: 7(1)(b)
Street/Apt #
7(1)(b)
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
<u>7(1)(b) & 7(1)(c)</u>	<u>05/2017 to Present</u>
	<u>08/2015 to 05/2017</u>

List maiden name and/or all other names by which you have been known: (last, first, middle)

None

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

7(1)(b) & 7(1)(c)

(Submitting Agency Fax Number)

(Submitting Email Address)
Illinois State Police (Agency Name)

(Contact Person)



ILLINOIS STATE POLICE MERIT BOARD FAST TRACK ELIGIBILITY QUESTIONNAIRE

Social Security Number:

Last:

First:

Middle:

The following questions must be answered in order to determine your potential eligibility for the Illinois State Police Fast Track Class.

Yes No

Have you graduated from an accredited law enforcement academy?

Do you have at least two (2) years of experience while employed as a full-time sworn police officer?

Have you successfully completed the National Highway Traffic Safety Administration (NHTSA)/International Association of Chiefs of Police (IACP) approved DWI/DUI Detection and Standardized Field Sobriety Testing training program or an approved equivalent?
(Proof will be required.)

I certify the facts set forth on this questionnaire are true and complete. I understand false statements may be considered sufficient cause for rejection.

Candidate Name:

Candidate Signature:

Date:

Copies or faxes not accepted. Original ink signatures required.



Selective Service Registration Verification

All males who apply for the Illinois State Police are required to provide verification of Selective Service Registration.

Please click the link below, provide the required information and submit the search form. The next page will show your registration number and the date you registered.

You may then download an official Registration Acknowledgement Letter after successful verification. **Please print the Registration Acknowledgement Letter and include this document with all required waivers.**

<https://www.sss.gov/Registration/Check-a-Registration/Verification-Form>

Full Name: ADAM DAVIS MARCOTTE

Selective Service Number: 7(1)(b)

Date of Birth: 7(1)(b) & 7(1)(c)

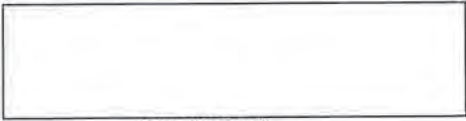
SELECTIVE SERVICE NUMBER SOCIAL SECURITY NUMBER SEX DATE OF BIRTH

7(1)(b) & 7(1)(c)

ON FILE

M

7(1)(b) & 7(1)(c)



(DO NOT WRITE IN THE ABOVE SPACE.)

NAME AND CURRENT MAILING ADDRESS

7(1)(b) & 7(1)(c)

ADAM D MARCOTTE

7(1)(b) & 7(1)(c)



First explore your interest, then decide which career path is right for you. Visit todaysmilitary.com/ssb2 or fill out and return the enclosed reply card for more information.

Change of Information Form

If any information shown is incorrect, make corrections, sign and return this top portion to: Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636

TODAY'S DATE

SIGNATURE OF REGISTRANT

SSS Digital Acknowledgment SSS Form 3B (Jun-17)



Dear Registrant:

Please keep this letter or wallet sized acknowledgment card as legal proof of your registration. Please review this letter carefully, and use the top portion of this letter to update and/or correct your information. Line through any mistakes and write in the correct information.

IF YOU MADE CHANGES: Cut off the top portion of this letter, and mail it to Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. If your information is correct, do not return this form. However, if any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may make the changes at https://www.sss.gov/Registration/Change-of-Information/Address-Change-Form.

For Non-Immigrants: If you are on a valid visa and believe that you were registered in error, send this entire form and proof of your immigration status to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638. A complete list of acceptable documentation may be found at https://www.sss.gov/Portals/0/PDFs/DocumentationList.pdf.

Thank you for your cooperation, and please call us at 1-847-688-6888 if you have any additional questions/concerns.

We estimate the public reporting burden for this collection will vary from 1 - 2 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing the burden to: Selective Service System, SSS Forms Officer (3240-0003), Arlington, VA 22209-2425. The OMB control number 3240-0003, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.



Here's your official Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered

Registration Acknowledgment

SELECTIVE SERVICE NUMBER: 7(1)(b) & 7(1)(c) DATE OF BIRTH: 7(1)(b) & 7(1)(c)

NAME AND CURRENT MAILING ADDRESS: ADAM D MARCOTTE, 7(1)(b) & 7(1)(c)

SIGNATURE OF REGISTRANT: [Redacted]

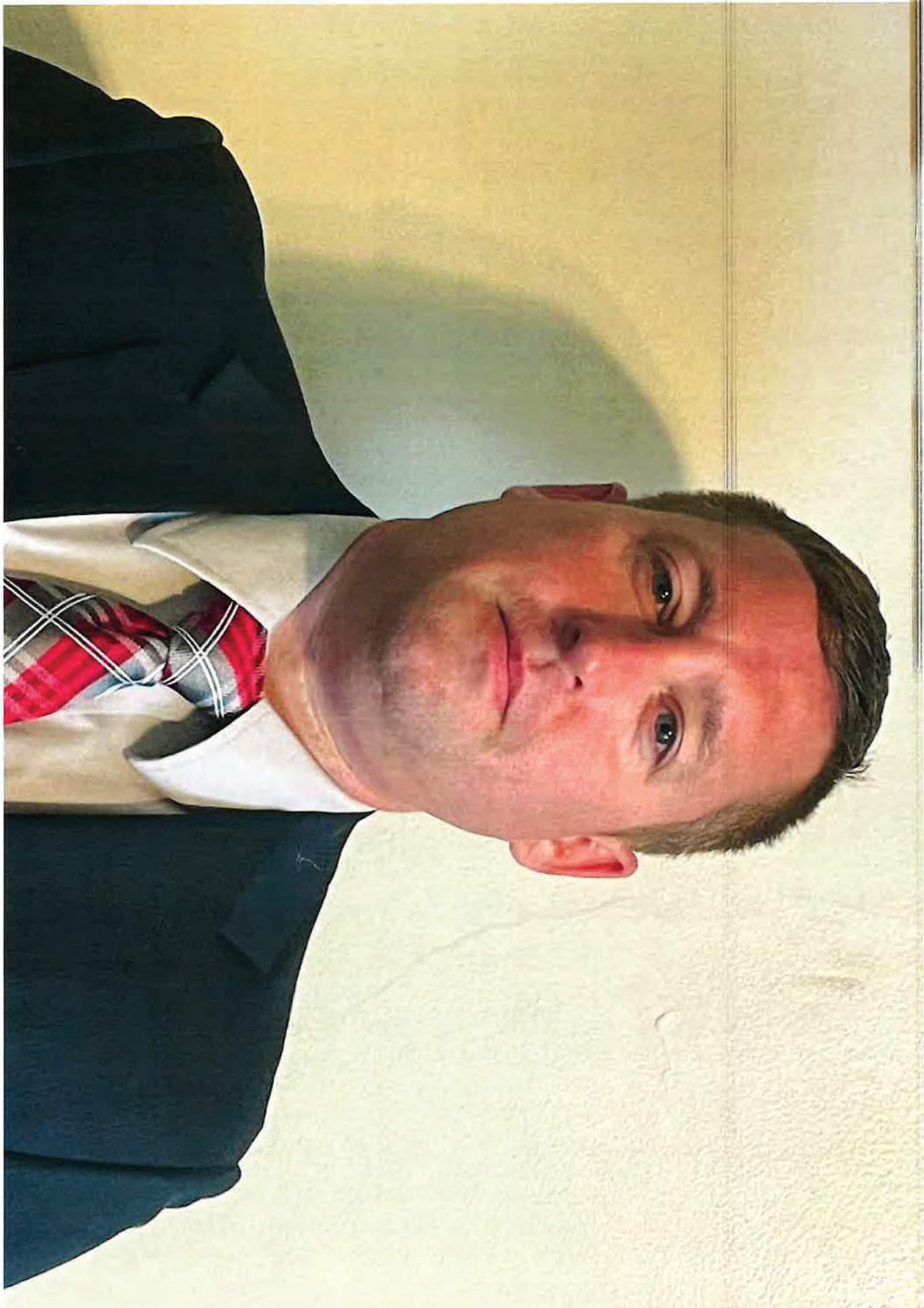
SSS Form 3A (Jun-17)

SOCIAL SECURITY NUMBER: ON FILE 7(1)(b) & 7(1)(c)

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

ACTING DIRECTOR: Craig T. Brown

7(1)(b) & 7(1)(c)



7(1)(b) & 7(1)(c)



Illinois Law Enforcement Training & Standards Board

Training History Report

Marcotte, Adam, D PTB ID: 65060478

Employee History

Name	Status	Branch	FT/P	Rank	Hired	Separated	Reason
Urbana Police Dept	Current	LE	FT	Detective	8/10/2015		
Kankakee County Sheriff's Office	Prior	LE	FT	Police Officer	6/4/2015	08/08/2015	Resigned
Momence Police Dept	Prior	LE	FT	Police Officer	1/7/2015	06/03/2015	Resigned
Momence Police Dept	Prior	LE	PT	Police Officer	7/2/2014	01/07/2015	Other
Kankakee County Sheriff's Office	Prior	LE	FT	Police Officer	11/11/2013	12/08/2014	Other
Kankakee County Sheriff's Office	Prior	Corr	FT	Correctional Officer	11/1/2011	11/10/2013	Resigned

Training History

Course	Class Dates	Site	Cert No	Claim Id
Crisis Intervention Team Training	05/02/2016 to 05/06/2016	KJB		
Basic Training - L.E. - 480 Hours	01/06/2014 to 03/27/2014	PTI-C	201410310	14-1710
Basic Training - Correctional - 200 Hours	01/09/2012 to 02/10/2012	PTI-S		NOT COMPLETED

In-Service Training History

Course	Class Dates	Site
Surviving Hidden Weapons	09/30/2021 to 09/30/2021	MTU 13
Annual In-Service Training	06/24/2021 to 06/24/2021	MTU 12
Lead Homicide Investigator	04/05/2021 to 04/09/2021	MTU 12
Sexual Assault Investigator	03/30/2021 to 03/30/2021	MTU 12
A Review of the Use of Force w/Firearm 2019	01/27/2021 to 01/27/2021	Exec Inst
40 Hour Juvenile Specialist Program Web Version - MANDATORY REVIEW & TEST	12/02/2019 to 12/02/2019	MTU 3
Sexual Assault Trauma Informed Response	06/14/2019 to 06/14/2019	MTU 12



Illinois Law Enforcement Training & Standards Board Training History Report

Course	Class Dates	Site
Annual In-Service Training	06/06/2019 to 06/06/2019	MTU 12
Bloodstain Pattern Evidence Analysis	05/07/2019 to 05/09/2019	MTU 12
AR-15 / M-16 / M-4 Armorer	04/29/2019 to 04/30/2019	MTU 12
Leading Without Rank: Leadership for the Line Officer	03/08/2019 to 03/08/2019	MTU 12
Search & Seizure	01/16/2019 to 01/16/2019	MTU 12
Police Tactical Firearms	12/17/2018 to 12/21/2018	MTU 12
Police Firearms Instructor	10/22/2018 to 10/26/2018	MTU 12
Mental Health Intervention & De-Escalation	10/09/2018 to 10/09/2018	MTU 12
Police Strategy & Tactics	10/01/2018 to 10/05/2018	MTU 12
Tactical Emergency Casualty Care	09/10/2018 to 09/10/2018	MTU 12
Patrol Rifle Instructor	08/27/2018 to 08/31/2018	MTU 12
Annual In-Service Training	06/12/2018 to 06/12/2018	MTU 12
Advanced Criminal Interview & Interrogation	02/20/2018 to 02/21/2018	MTU 12
Annual In-Service Training	06/22/2017 to 06/22/2017	MTU 12
Field Training Officer: San Jose Model	06/05/2017 to 06/08/2017	MTU 12
Basic Evidence Photography	04/10/2017 to 04/12/2017	MTU 12
Crime Scene Technician	03/27/2017 to 03/31/2017	MTU 12
Basic CQB / SWAT	10/17/2016 to 10/21/2016	MTU 12
Basic SWAT/Close Quarter Battle	10/17/2016 to 10/21/2016	MTU 10
Crisis Intervention Team (CIT) Basic	05/02/2016 to 05/06/2016	MTU 12
Breath Alcohol Testing	04/11/2016 to 04/12/2016	MTU 12
Troubleshooting Search & Seizure	11/10/2015 to 11/10/2015	MTU 12



Illinois Law Enforcement Training & Standards Board Training History Report

Waiver History						
Name	Course	Received	Concluded	Status	Conditions	
Momence Police Dept	Basic Training - L.E. - 400 Hours	01/09/2015	01/15/2015	Approved		
Urbana Police Dept	Basic Training - L.E. - 400 Hours	08/14/2015	08/31/2015	Approved		
Momence Police Dept	Basic Training - Part Time	11/24/2014	12/16/2014	Approved		
Mandatory Firearms Training						
Course	Written	Practical (1)	Practical (2)	Date		
Mandatory Firearms Training	92	88		0 03/27/2014		
Mandatory Firearms Training	92	90		0 01/25/2012		



Public Safety Employment Application

Illinois State Police Merit Board

Submitted: 5/9/2022

PERSONAL INFORMATION

Social Security Number: 7(1)(b)

Name(Last) MCCORMACK (First) BRADLEY (Middle) ALEXANDER

Have you ever legally changed your name? N
List all other names or aliases you have used, or by which you have been known. Include maiden name.

BRAD MCCORMACK; BRADLEY ALEXANDER

Present Street Address
7(1)(b)

City, State, ZIP & County
7(1)(b)

Home Phone
7(1)(b)

Cell Phone
7(1)(b)

Work Phone
7(1)(b)

Additional Phone
N/A

Email Address
7(1)(b)

With whom do you live at the above address?
7(1)(c)

How did you hear about the Illinois State Police Trooper Application?
ISP Facebook account.

If you were referred by a State Trooper, please provide the Trooper s ID Number:

Gender M Ethnic Origin Caucasian

Date of Birth 7(1)(b) & 7(1)(c) Age 7(1)(b) & 7(1)(c)

Place of Birth
7(1)(b) & 7(1)(c)

Are you a citizen the United States? Y
If "Yes", how was citizenship acquired? Born in the United States

If you are a Naturalized Citizen, please provide your Citizenship number:

Are you willing to accept an assignment anywhere in the state of Illinois? N

List any internet based social networking you are now or have been involved in (i.e. Facebook, Instagram, snapchat, etc.)

Facebook, Instagram, Snapchat, Twitter, Tiktok

List any identifying marks, scars, birthmarks or tattoos that you have:

N/A

MARITAL STATUS/FAMILY PROFILE

Current Marital Status

Are you currently married? 7(1)(b) & 7(1)(c)

If "yes", complete the following information for your spouse:

First Name	Middle Name	Last Name
7(1)(b) & 7(1)(c)	7(1)(b) & 7(1)(c)	7(1)(b) & 7(1)(c)
DOB	Occupation	
7(1)(b) & 7(1)(c)	7(1)(b) & 7(1)(c)	
Address		
7(1)(b) & 7(1)(c)		
City	State	ZIP
7(1)(b) & 7(1)(c)	7(1)(b) & 7(1)(c)	7(1)(b) & 7(1)(c)
Home Phone	Occupation	
7(1)(b) & 7(1)(c)	7(1)(b) & 7(1)(c)	

Previous Marital Information

Have you ever been previously married? N

If "yes", how many times?

Previous Spouse 1

First Name	Middle Name	Last Name
N/A	N/A	N/A
DOB		
N/A		

Previous Spouse 2

First Name	Middle Name	Last Name
N/A	N/A	N/A
DOB		
N/A		

Previous Spouse 3

First Name	Middle Name	Last Name
N/A	N/A	N/A
DOB		
N/A		

Family Profile

List every member of your immediate family (BOTH living and deceased). Include father, mother, brothers and sisters, children, step-parents, half and step siblings.

Name	Relationship	Date of Birth	Address, City, St
1. 7(1)(c)	7(1)(c)	7(1)(b) & 7(1)(c)	7(1)(b) & 7(1)(c)
Occupation	Home Phone	Work/Cell Phone	
7(1)(c)	7(1)(b) & 7(1)(c)	7(1)(b) & 7(1)(c)	
2. 7(1)(c)	7(1)(c)	7(1)(b) & 7(1)(c)	7(1)(b) & 7(1)(c)
Occupation	Home Phone	Work/Cell Phone	
7(1)(c)	7(1)(b) & 7(1)(c)	7(1)(b) & 7(1)(c)	
3. 7(1)(c)	7(1)(b) & 7(1)(c)	7(1)(b) & 7(1)(c)	7(1)(b)
Occupation	Home Phone	Work/Cell Phone	
7(1)(b) & 7(1)(c)		7(1)(b) & 7(1)(c)	
Name	Relationship	Date of Birth	Address, City, St

4. 7(1)(c) 7(1)(c) 7(1)(b) & 7(1)(c) 7(1)(b)
Occupation Home Phone Work/Cell Phone
7(1)(c) 7(1)(b) & 7(1)(c)

5. Name Relationship Date of Birth Address, City, St
7(1)(c) 7(1)(c) 7(1)(b) & 7(1)(c) 7(1)(b)
Occupation Home Phone Work/Cell Phone
7(1)(c) 7(1)(b) & 7(1)(c) 7(1)(b) & 7(1)(c)

6. Name Relationship Date of Birth Address, City, St
7(1)(c) 7(1)(c) 7(1)(b) & 7(1)(c) 7(1)(b)
Occupation Home Phone Work/Cell Phone
7(1)(c) 7(1)(b) & 7(1)(c) 7(1)(b) & 7(1)(c)

7. Name Relationship Date of Birth Address, City, St
7(1)(c) 7(1)(c) 7(1)(b) & 7(1)(c) 7(1)(b)
Occupation Home Phone Work/Cell Phone
7(1)(c) 7(1)(b) & 7(1)(c) 7(1)(b) & 7(1)(c)

8. Name Relationship Date of Birth Address, City, St
7(1)(c) 7(1)(c) 7(1)(b) & 7(1)(c) 7(1)(b)
Occupation Home Phone Work/Cell Phone
7(1)(c) 7(1)(b) & 7(1)(c) 7(1)(b) & 7(1)(c)

Dependents

Are you currently financially responsible for dependent children? 7(1)(b) & 7(1)(c)

If "yes", how many? 7(1)(b) & 7(1)(c)

Do your dependents live with you? 7(1)(b) & 7(1)(c)

ALCOHOL, ILLEGAL DRUG USE AND GAMBLING

Are you currently now abusing or excessively using alcohol? **N**

Do you currently use illegal drugs? **N**

Are you currently now excessively gambling? **N**

Have you ever experimented with marijuana? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever experimented with cocaine? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with amphetamines, methedrine, Dexedrine, "speed", "crank"? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with PCP (angel dust)? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with crack cocaine, opiates, morphine, heroin? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with hallucinogens? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with any illegal drugs NOT listed above? **N**

If "Yes", list the drugs below:

How many times? (provide for each drug listed)

Estimate the last time you used each substance: (provide month and year)

Have you ever illegally used or experimented with any other drugs? **N**

If "Yes", list the drugs below:

How many times? (provide for each drug listed)

Estimate the last time you used each substance: (provide month and year)

EDUCATIONAL HISTORY

Provide a chronological history of colleges/universities you have attended. Include addresses, contact phone numbers and start and end dates for each location.

College 1

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
Harper Community College 1200 W Algonquin Rd Palatine IL 60067	8477961999	1.5	2.71	01/2014-07/2015

Did you graduate? **Y**

If "Yes", list the degree you earned at this institution: **Associates in Arts - Law Enforcement**

College 2

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
Western Illinois University 1 Univeristy Cir Macomb IL 61455	3092981414	2	3.29	08/2015-05/2017

Did you graduate? **Y**

If "Yes", list the degree you earned at this institution: **Bachelors of Science: Criminal Justice**

College 3

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A

N/A NA

Did you graduate? **N**

If "Yes", list the degree you earned at this institution:

College 4

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A

N/A NA

Did you graduate? **N**

If "Yes", list the degree you earned at this institution:

College 5

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A

N/A NA

Did you graduate? **N**

If "Yes", list the degree you earned at this institution:

College 6

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A

N/A NA

Did you graduate? **N**

If "Yes", list the degree you earned at this institution:

Additional Information

As of Recruitment test date, indicate the HIGHEST level of education you will have completed:
Associate of Applied Science in Criminal Justice/Law Enforcement Studies

List any professional licenses or certificates you hold or have held.

LAW ENFORCEMENT OFFICER CERTIFICATE CRISIS INTERVENTION TEAM (CIT) JUVENILE SPECIALIST (ILEAS) OC AND TASER STANDARDIZED FIELD SOBRIETY TESTS (SFTS) BREATH ANALYSIS INSTRUMENT OPERATOR

DRIVING HISTORY

Do you possess a valid Driver's License? **Y**

State

IL

License Number

7(1)(b)

Date of Expiration

08/12/2024

As a driver, have you ever been involved in a traffic accident? **Y**

If Yes, please explain: include date, location, and nature of accident (personal injury, property damage, etc):

10/22/2018. 1213 S CENTER ST, NORMAL. I BACKED INTO A LIGHT POLE.

Have you ever been refused a driver's or chauffeur's license by any state? **N**

If Yes, please explain:

N/A

Have you ever had a driver's or chauffeur's license in any other state? **N**

If Yes, where:

Has your license ever been suspended, revoked, or placed on probation? **N**

If Yes, please explain:

N/A

RESIDENCES

List your addresses for the last ten years, starting with present address first.

Current Residence

Address (City, State, ZIP)

7(1)(b)

From (Month/Year)

09/2019

To (Month/Year)

PRESENT

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent? 7(1)(b) & 7(1)(c)

Previous Residence 1

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

06/2018

To (Month/Year)

09/2019

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent?

Leasing Company/Landlord Name:

7(1)(b) & 7(1)(c)

Phone Number

7(1)(b) & 7(1)(c)

Previous Residence 2

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

06/2017

To (Month/Year)

06/2018

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

N/A

Do you rent? 7(1)(b) & 7(1)(c)

Leasing Company/Landlord Name:

7(1)(b) & 7(1)(c)

Phone Number

7(1)(b) & 7(1)(c)

Previous Residence 3

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

08/2015

To (Month/Year)

05/2016

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent? 7(1)(b) & 7(1)(c)

Leasing Company/Landlord Name:

7(1)(b) & 7(1)(c)

Phone Number

7(1)(b) & 7(1)(c)

Previous Residence 4

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

10/2003

To (Month/Year)

06/2017

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent? 7(1)(b) & 7(1)(c)

Previous Residence 5

Address (City, State, ZIP)

N/A ,

From (Month/Year)

To (Month/Year)

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? N

Previous Residence 6

Address (City, State, ZIP)

N/A ,

From (Month/Year)

To (Month/Year)

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? **N**

Previous Residence 7

Address (City, State, ZIP)

From (Month/Year)

To (Month/Year)

N/A ,

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? **N**

Previous Residence 8

Address (City, State, ZIP)

From (Month/Year)

To (Month/Year)

N/A ,

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? **N**

MILITARY SERVICE

Do you currently have three (3) years of consecutive, FULL-TIME, active military duty? **N**

Are you currently serving or have you ever served in any branch of the United States Armed Forces? **N**

<i>Branch</i>	<i>Unit</i>	<i>Rank at discharge</i>
N/A	N/A	N/A

List periods of active service:

<i>From</i>	<i>To</i>
N/A	N/A

At the time of discharge, what type of discharge did you received? **N/A**

Are you now or were you ever a member of the U.S. Reserve Forces? **N**

<i>Active/Inactive</i>	<i>Branch</i>	<i>Unit</i>	<i>Rank</i>
Y	N/A	N/A	N/A

<i>Location</i>	<i>From</i>	<i>To</i>
N/A	N/A	N/A

Are you now or were you ever a member of the U.S. National Guard? **Y**

<i>State</i>	<i>Regiment</i>	<i>Unit</i>	<i>Rank</i>
IL	33RD	333RD MILITARY POLICE CO.	E-5 SERGEANT

<i>Location</i>	<i>From</i>	<i>To</i>
1236 S. ADAMS AVE FREEPORT	01/31/2013	01/30/2019

CRIMINAL HISTORY

Have you ever been arrested, detained, pled guilty or no contest to a charge involving assault, domestic violence or stalking? **N**

If "Yes", please provide a detailed description of each and the outcome:

Have you ever been incarcerated? **N**

If "Yes", please provide a detailed description and the outcome:

Have you ever been on probation or parole? **N**

If "Yes", please explain:

Have you ever been sentenced to community service? **N**

If "Yes", please explain:

Have you ever been ordered to make restitution? **N**

If "Yes", please explain:

Have you ever been mandated to counseling or education? **N**

If "Yes", please explain:

Have you ever been convicted of any of the following crimes as either misdemeanors or felonies?

- | | |
|-----------------|----------|
| 1) Manslaughter | N |
| 2) Robbery | N |

- | | |
|--|---|
| 3) Burglary | N |
| 4) Fraud | N |
| 5) Kidnapping | N |
| 6) Forgery | N |
| 7) Money Laundering | N |
| 8) Solicitation of a Child | N |
| 9) Criminal Sexual Abuse | N |
| 10) Criminal Sexual Assault | N |
| 11) Aggravated Criminal Sexual Assault | N |
| 12) Aggravated Criminal Sexual Abuse | N |
| 13) Public Indecency | N |
| 14) Prostitution | N |
| 15) Soliciting for a Prostitute | N |
| 16) Keeping a Place of Prostitution | N |
| 17) Patronizing a Prostitute | N |
| 18) Pimping | N |
| 19) Juvenile Pimping | N |
| 20) Exploitation of a Child | N |
| 21) Aggravated Assault | N |
| 22) Intimidation | N |
| 23) Theft | N |
| 24) Institutional Vandalism | N |
| 25) Mob Action | N |
| 26) Obstructing Justice | N |
| 27) Perjury | N |
| 28) Suborning Perjury | N |
| 29) Tampering with Public Records | N |
| 30) Keeping a Gambling Place | N |
| 31) Domestic Violence | N |

Do you have or have you ever possessed a valid Firearms Owner Identification Card? **Y**

If Yes, please complete:

Card number

7(1)(b) & 7(1)(d)

Expiration date

05/14/2029

EMPLOYMENT HISTORY

Are you currently employed? **Y**

Were you ever placed on a police eligibility list and not hired? **N**

If "Yes" provide the date, agency and which processes you participated in for each agency (i.e. Written exam, Physical Ability Test, Oral Interview, Background Investigation, Polygraph, Psychological Evaluation, Medical Exam):

Are you now on any eligibility lists? **N**

Have you ever been a police officer? **Y**

If "Yes" please continue (department, date & location):

**URBANA POLICE DEPARTMENT 07/2019-PRESENT URBANA, IL NORMAL POLICE DEPARTMENT
04/2017-07/2019 NORMAL, IL**

Do you have at least three (3) years of continuous FULL-TIME service as a police officer within the same police agency? **Y**

Were you ever discharged or asked to resign from any employment? **N**

If Yes, please explain:

Are you now or have you ever been engaged in any business as an owner, partner or officer? **7(1)(c)**

If Yes, please explain:

7(1)(c)

List all jobs you have held for the last ten years. Please put your present or most recent job first. Be sure to include military service and/or periods of unemployment in the sequence.

Job 1

Employer's Name

URBANA POLICE DEPARTMENT

Type of Business

POLICE DEPARTMENT

Address/City/State/ZIP

400 S VINE ST URBANA IL 61801

Telephone Number

2173842320

Name and Title of Supervisor

SGT HEWKIN PATROL SERGEANT

To(Month/Year)

PRESENT

From(Month/Year)

07/23/2019

Title or Position

**POLICE OFFICER
PATROL OFFICER**

Reason for leaving

N/A

Job 2

Employer's Name

NORMAL POLICE DEPARTMENT

Type of Business

POLICE DEPARTMENT

Address/City/State/ZIP

100 E PHOENIX AV NORMAL IL 61721

Telephone Number

3094549535

Name and Title of Supervisor

JACOB HOENIGIS PATROL SERGEANT

To(Month/Year)

07/22/2019

From(Month/Year)

04/01/2017

Title or Position

**POLICE OFFICER
PATROL OFFICER**

Reason for leaving

MOVED FOR MY SPOUSE TO BE CLOSER TO EMPLOYMENT AND RECEIVED A JOB AT URBANA PD.

Job 3

Employer's Name

7(1)(c)

Type of Business

7(1)(c)

Address/City/State/ZIP

7(1)(c)

Telephone Number

7(1)(c)

Name and Title of Supervisor

7(1)(c)

To(Month/Year)

04/2017

From(Month/Year)

01/2017

Title or Position

7(1)(c)

Reason for leaving

RECEIVED A POSITION AT NORMAL PD.

Job 4

Employer's Name

333RD ARMY NATIONAL GUARD

Type of Business

ARMY NATIONAL GUARD

Address/City/State/ZIP

1236 S ADAMS AV FREEPORT IL 61032

Telephone Number

3092995500

Name and Title of Supervisor

SSGT BILLETER SQUAD LEADER

To(Month/Year)

01/30/2021

From(Month/Year)

01/31/2013

Title or Position

**SERGEANT TEAM LEADER
TEAM LEADER**

Reason for leaving

ENLISTMENT CONTRACT ENDED.

Job 5

Employer's Name

7(1)(c)

Type of Business

7(1)(c)

Address/City/State/ZIP

7(1)(c)

Name and Title of Supervisor

7(1)(c)

Telephone Number

7(1)(c)

From(Month/Year)

04/20/2014

To(Month/Year)

08/10/2015

Title or Position

7(1)(c)

Reason for leaving

MOVED TO SCHOOL AT WESTERN ILLINOIS UNIVERSITY.

Job 6

Employer's Name

7(1)(c)

Type of Business

7(1)(c)

Address/City/State/ZIP

7(1)(c)

Name and Title of Supervisor

7(1)(c)

Telephone Number

7(1)(c)

From(Month/Year)

02/21/2013

To(Month/Year)

08/20/2014

Title or Position

7(1)(c)

Reason for leaving

RECEIVED FULL TIME POSITION AT 7(1)(c)

Job 7

Employer's Name

7(1)(c)

Type of Business

7(1)(c)

Address/City/State/ZIP

7(1)(c)

Name and Title of Supervisor

7(1)(c)

Telephone Number

7(1)(c)

From(Month/Year)

08/25/2012

To(Month/Year)

02/20/2013

Title or Position

7(1)(c)

Reason for leaving

7(1)(c)

Job 8

Employer's Name

N/A

Type of Business

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

Telephone Number

N/A

From(Month/Year)

N/A

To(Month/Year)

N/A

Title or Position

N/A What were your duties

N/A

Reason for leaving

N/A

Job 9

Employer's Name

N/A

Type of Business

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

Telephone Number

N/A

From(Month/Year)

N/A

To(Month/Year)

N/A

Title or Position

N/A What were your duties

N/A

Reason for leaving

N/A

Job 10

Employer's Name

N/A

Type of Business

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

Telephone Number

N/A

From(Month/Year)

N/A

To(Month/Year)

N/A

Title or Position

N/A What were your duties

N/A

Reason for leaving

N/A

ACQUAINTANCE/REFERENCES

Please provide the names of five adults NOT related to you, whom you have known for a period of (preferably) more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

1. Name

7(1)(c)

Home Telephone Number

7(1)(b)

Address/City/State/Zip

7(1)(b)

Occupation or Profession

7(1)(c)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

2. Name

7(1)(c)

Home Telephone Number

7(1)(b)

Address/City/State/Zip

7(1)(b)

Occupation or Profession

7(1)(c)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

3. Name

7(1)(c)

Address/City/State/Zip

7(1)(b)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b)

Occupation or Profession

7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

4. Name

7(1)(c)

Address/City/State/Zip

7(1)(b)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b)

Occupation or Profession

7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

5. Name

7(1)(c)

Address/City/State/Zip

7(1)(b)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b)

Occupation or Profession

7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

Person(s) to notify in case of an emergency:

1. Name

7(1)(c)

Address/City/State/Zip

7(1)(b)

Home Telephone Number

7(1)(b)

Relationship

7(1)(c)

2. Name

7(1)(c)

Address/City/State/Zip

7(1)(b)

Home Telephone Number

7(1)(b)

Relationship

7(1)(c)



CHECK LIST: ILLINOIS STATE POLICE MERIT BOARD

Application:

Confirmed online

WRITE CONFIRMATION NUMBER HERE: [REDACTED]

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITHIN 30 DAYS OF THE CONFIRMATION DATE LISTED ABOVE

If received after 30 days your application will be deemed invalid.

Release Forms (pages 1-6):

- Entry-Level Trooper Basic Questionnaire* (pg. 1)
- Fitness Test Waiver and Release of Liability* (pg. 2)
- Authorization for Release of Personal Information* (pg. 3)
- Authorization for Background Check - DCFS (pg. 4)
- Fast Track Questionnaire (pg. 5)
- Selective Service Form (males only) (pg. 6)

*No photocopies or fax copies will be accepted. You must submit original release forms with original signatures. Acceptable witness signatures include adult family members and friends.

Other required documents:

- COPY valid Driver's License** (copy of front and back if you received a renewal sticker)
- Recent Color Photo of yourself shoulders up (face only) – must be in color and clear**
READ CAREFULLY: Black and white and/or unclear photos will not be accepted. It is recommended to have a white or off-white background to ensure clear photo).
- COPY Birth Record**
READ CAREFULLY: Must contain the applicant's full name and date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the documents. ONE of the following is acceptable and required as the birth record:
 - Copy of U.S. Birth Certificate** (Copy of original or certified by a Board of Health or Bureau of Vital statistics within the U.S. State Department or U.S. territories
Hospital copy NOT accepted.)
 - OR*
 - Copy of Valid U.S. Passport**
 - OR*
 - Copy of Naturalization Papers**
- COPY of Military DD-214 Long Form** (if applicable)
READ CAREFULLY: DD-214 must specifically denote your discharge status as honorable – if you fail to provide the DD-214 long form containing this status your military experience will not be considered
- COPY of Law Enforcement Officer Certification** issued from the Illinois Local Governmental Law Enforcement Officers Training and Standards Board (if applicable)

College/University Transcripts – must be submitted along with above documentation:

- SEALED Original, Official College/University Transcripts from a regionally accredited institution confirming successful completion of education requirements.**
READ CAREFULLY: If you have a degree, transcripts MUST indicate date the degree was conferred. If you do NOT have a degree, transcripts MUST provide proof that semester hours meet the specified criteria listed on the minimum requirements page. College/University must be regionally accredited by one of the acceptable associations listed on the minimum requirements page.



Illinois State Police Merit Board

Entry-Level Trooper Eligibility Questionnaire

Social Security Number:

Name:

Last

First

Middle

The following questions must be answered in order to determine your eligibility set forth by the Illinois Compiled Statutes and Merit Board Rules.

Yes

No

Have you ever been convicted of a felony?

Are you a citizen of the United States?

Do you have a valid driver's license?

Are you willing to accept an assignment anywhere in the state?

Please indicate the highest level of education you will have earned at the time your application is submitted:

60 Credit Hours with NO degree

Associate's Degree

Bachelor's Degree

Master's Degree

Doctorate

None

If applicable, please indicate the military service met at the time your application is submitted:

Three (3) years of continuous, full-time military duty with an honorable discharge

Served in a combat mission by proof of hostile fire pay or imminent danger pay with an honorable discharge

Awarded one of the following: Afghan Campaign Medal, Iraqi Campaign Medal, Southwest Asia Service Medal, Kosovo Campaign Medal, Korean Defense Service Medal, or Global War on Terrorism Expeditionary Medal and received honorable discharge

I certify that the facts set forth on this questionnaire and my online application are true and complete. I understand any false statements may be considered sufficient cause for rejection.

Applicant Name:

Bradley McCormack

(printed)

Applicant Signature:

Date:

05/28/22



Illinois State Police Merit Board

Entry-Level Trooper Eligibility Questionnaire

Social Security Number:

7(1)(b)

Name:

Last

McCormack

First

Bradley

Middle

Alexander

The following questions **must** be answered in order to determine your eligibility set forth by the Illinois Compiled Statutes and Merit Board Rules.

Yes

No

Have you ever been convicted of a felony?

Are you a citizen of the United States?

Do you have a valid driver's license?

Are you willing to accept an assignment anywhere in the state?

Please indicate the highest level of education you will have earned at the time your application is submitted:

60 Credit Hours with NO degree

Associate's Degree

Bachelor's Degree

Master's Degree

Doctorate

None

If applicable, please indicate the military service met at the time your application is submitted:

Three (3) years of continuous, full-time military duty with an honorable discharge

Served in a combat mission by proof of hostile fire pay or imminent danger pay with an honorable discharge

Awarded one of the following: Afghan Campaign Medal, Iraqi Campaign Medal, Southwest Asia Service Medal, Kosovo Campaign Medal, Korean Defense Service Medal, or Global War on Terrorism Expeditionary Medal and received honorable discharge

I certify that the facts set forth on this questionnaire and my online application are true and complete. I understand any false statements may be considered sufficient cause for rejection.

Applicant Name:

Bradley McCormack

(printed)

Applicant Signature:

7(1)(b) & 7(1)(c)

Date:

05/10/22



FITNESS TEST WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION of the granting of my request to be permitted to take the Illinois State Police Merit Board Examinations and particularly that portion thereof known as the Fitness Test, I hereby waive any claim for injuries to my person that may arise out of my taking, and participating in, the Fitness Test as administered by Illinois State Police sworn personnel. As such applicant, I undertake to assume the risk of all dangerous conditions which may exist on the premises where the tests are administered or the equipment and/or facilities used, and waive notice of the existence of such conditions and rely on my inspection of the same.

IN FURTHER CONSIDERATION of my being permitted to take the Fitness Test, I hereby release the State of Illinois, all of its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or damage to my property while taking said Fitness Test.

I have read the foregoing and understand every word of this Release and Waiver.

AGREED TO AND ACCEPTED on this 10 day of May, 2022.

Signed: 7(1)(b) & 7(1)(c)

Print Name: Bradley McCormack

Address 7(1)(b)

*******APPLIES ONLY TO FEMALE APPLICANTS WHO ARE EXPECTING*******

I, _____, do hereby attest to the fact of being aware of my pregnancy and still choose to participate in this Fitness Test. I release the State of Illinois, all of its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or to my unborn child.

Signature: _____

Executive Director
Illinois State Police Merit Board

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the execution of this form, I Bradley McCormack authorize the State of Illinois, Illinois State Police to conduct an investigation into all aspects of my qualifications and background. I also authorize any individual, organization, or agency which maintains records relating to me to provide these records on request to any agency of the Illinois State Police conducting such an investigation. This authorization includes, but is not limited to, employment records, credit records, and criminal history records. The intent of this authorization is to give my consent to full and complete disclosure of criminal records, driver's license records, internal investigation records, military records, records of educational and financial institutions, employment and pre-employment records, background reports, efficiency ratings, and complaints. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Record Review Act.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I authorize the Illinois State Police and its agents to provide copies of any records obtained pursuant to this release to any person(s) who are authorized to participate in the vetting of my qualifications and background for employment purposes. I further release the Illinois State Police, its agents and designees under this release, from any and all liability which may be incurred as a result of furnishing such information.

7(1)(b) & 7(1)(c) _____
Signature
Date 05/10/22
Bradley Alexander McCormack _____
Print Name (First, Middle, Last) Maiden Last Name, former Married name(s) or other names used
7(1)(b) _____
Current Address Previous Address
7(1)(b) _____
City/State/Zip City/State/Zip

To process this form, the following information has been requested by the Illinois State Police:

7(1)(b) & 7(1)(c) _____
Date of Birth
7(1)(b) _____
Driver's License Number
7(1)(b) _____
Social Security Number
White/Male _____
Sex/Race
7(1)(b) _____
Contact Phone Number
7(1)(b) _____
Email Address

Authorization for Appointment/Employment Credit Report

I authorize the Illinois State Police to obtain a credit report on myself through the credit reporting agency of its choice.

7(1)(b) & 7(1)(c) _____
Signature
Date 05/10/22
Bradley McCormack _____
Print Name

Employment Credit Report Disclosure Statement

The Illinois Police will procure a credit report concerning my employment. If an adverse employment decision is made due totally or partially to the information on the credit report, the Illinois State Police will provide me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

7(1)(b) & 7(1)(c) _____
Signature
Date 05/10/22
Bradley McCormack _____
Print Name

ISP 4-28 (10/14)

2019 Illinois State Police Merit Board

Required Document Page 3 OF 6

COPIES OR FAXES NOT ACCEPTED. ORIGINAL INK SIGNATURES REQUIRED. SEE CHECK LIST FOR LIST OF ALL REQUIRED DOCUMENTS. LEAVE NO BLANKS. CALL 800.343.HIRE WITH QUESTIONS BEFORE SUBMITTING AN APPLICATION.

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: McCormack Bradley Alexander
Last First Middle

Date of Birth: 7(1)(b) & 7(1)(c) Gender: Male Female Race: white

Current Address: 7(1)(b)
Street/Apt #
7(1)(b)
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
<u>7(1)(b) & 7(1)(c)</u>	<u>06/2018-09/2019</u> <u>06/2017-06/2018</u>

List maiden name and/or all other names by which you have been known: (last, first, middle)

N/A

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

7(1)(b) & 7(1)(c)

(Submitting Agency Fax Number)

(Submitting Email Address)
Illinois State Police (Agency Name)

(Contact Person)



ILLINOIS STATE POLICE MERIT BOARD FAST TRACK ELIGIBILITY QUESTIONNAIRE

Social Security Number: 7(1)(b)

Last:

First:

Middle:

The following questions must be answered in order to determine your potential eligibility for the Illinois State Police Fast Track Class.

Yes No

Have you graduated from an accredited law enforcement academy?

Do you have at least two (2) years of experience while employed as a full-time sworn police officer?

Have you successfully completed the National Highway Traffic Safety Administration (NHTSA)/International Association of Chiefs of Police (IACP) approved DWI/DUI Detection and Standardized Field Sobriety Testing training program or an approved equivalent?
(Proof will be required.)

I certify the facts set forth on this questionnaire are true and complete. I understand false statements may be considered sufficient cause for rejection.

Candidate Name:

Candidate Signature: 7(1)(b) & 7(1)(c)

Date:

Copies or faxes not accepted. Original ink signatures required.



Selective Service Registration Verification

All **males** who apply for the Illinois State Police are required to provide verification of Selective Service Registration.

Please click the link below, provide the required information and submit the search form. The next page will show your registration number and the date you registered.

You may then download an official Registration Acknowledgement Letter after successful verification. **Please print the Registration Acknowledgement Letter and include this document with all required waivers.**

<https://www.sss.gov/Registration/Check-a-Registration/Verification-Form>

Full Name: Bradley McCormack
Selective Service Number: 7(1)(b) & 7(1)(c)
Date of Birth: 7(1)(b) & 7(1)(c)

SELECTIVE SERVICE NUMBER: 7(1)(b) & 7(1)(c) | SOCIAL SECURITY NUMBER: ON FILE | SEX: M | DATE OF BIRTH: 7(1)(b) & 7(1)(c)

(DO NOT WRITE IN THE ABOVE SPACE.)

NAME AND CURRENT MAILING ADDRESS

7(1)(b) & 7(1)(c)

BRADLEY ALEXANDER MC CORMACK

7(1)(b) & 7(1)(c)



First explore your interest, then decide which career path is right for you. Visit todaysmilitary.com/ssb2 or fill out and return the enclosed reply card for more information.

Change of Information Form
If any information shown is incorrect, make corrections, sign and return this top portion to:
Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636

TODAY'S DATE _____ SIGNATURE OF REGISTRANT _____

SSS Digital Acknowledgment SSS Form 3B (Jun-17)



Dear Registrant:

Please keep this letter or wallet sized acknowledgment card as legal proof of your registration. Please review this letter carefully, and use the top portion of this letter to update and/or correct your information. Line through any mistakes and write in the correct information.

IF YOU MADE CHANGES: Cut off the top portion of this letter, and mail it to Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. If your information is correct, do not return this form. However, if any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may make the changes at <https://www.sss.gov/Registration/Change-of-Information/Address-Change-Form>.

For Non-Immigrants: If you are on a valid visa and believe that you were registered in error, send this entire form and proof of your immigration status to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638. A complete list of acceptable documentation may be found at <https://www.sss.gov/Portals/0/PDFs/DocumentationList.pdf>.

Thank you for your cooperation, and please call us at 1-847-688-6888 if you have any additional questions/concerns.



We estimate the public reporting burden for this collection will vary from 1 - 2 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing the burden to: Selective Service System, SSS Forms Officer (3240-0003), Arlington, VA 22209-2425. The OMB control number 3240-0003, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.

Here's your official
Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.

Registration Acknowledgment

SELECTIVE SERVICE NUMBER: 7(1)(b) & 7(1)(c) | DATE OF BIRTH: 7(1)(b) & 7(1)(c)

NAME AND CURRENT MAILING ADDRESS

BRADLEY ALEXANDER MC CORMACK

7(1)(b) & 7(1)(c)

SIGNATURE OF REGISTRANT

SSS Form 3A (Jun-17)

SOCIAL SECURITY NUMBER: ON FILE | SELECTIVE SERVICE NUMBER: 7(1)(b) & 7(1)(c)

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

ACTING DIRECTOR

Craig T. Brown
Craig T. Brown

7(1)(b) & 7(1)(c)



7(1)(b) & 7(1)(c)

By the authority of the
State of Illinois



the

**Illinois Law Enforcement Training
and Standards Board**

awards this certificate to

Bradley McCormack

and hereby certifies the fulfillment of all requirements
as prescribed by Chapter 50 Paragraph 705
the Illinois Compiled Statutes and is qualified as a

Law Enforcement Officer

In Witness Whereof, we affix our signatures
and seal at Springfield, Illinois,

This Twenty-seventh day of June, 2017

7(1)(b) & 7(1)(c)

Executive Director

7(1)(b) & 7(1)(c)

Chairman of the Board

Certificate Number: 201711509

PTBID: 7(1)(b) & 7(1)(c)



State of Illinois CERTIFICATE

Awarded to *Bradley McCormack*

by the ILLINOIS LAW ENFORCEMENT TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 24 hour course in

Standardized Field Sobriety Testing

at Heartland Community College

on 2/14/18 - 2/16/18

This course complies with the guidelines of the following mandate(s):
Const. Use of LE Authority | Legal Updates

7(1)(b) & 7(1)(c)

School Director

7(1)(b) & 7(1)(c)

Chairman of Board

7(1)(b) & 7(1)(c)

Executive Director



Public Safety Employment Application

Illinois State Police Merit Board

Submitted: 5/13/2022

PERSONAL INFORMATION

Social Security Number: 7(1)(b)

Name(Last)

MERRITT

(First)

JUSTIN

(Middle)

BASIL

Have you ever legally changed your name? **N**

List all other names or aliases you have used, or by which you have been known. Include maiden name.

NONE

Present Street Address

7(1)(b)

City, State, ZIP & County

7(1)(b)

Home Phone

7(1)(b)

Cell Phone

7(1)(b)

Work Phone

7(1)(b) & 7(1)(c)

Additional Phone

7(1)(b)

Email Address

7(1)(b)

With whom do you live at the above address?

7(1)(c)

How did you hear about the Illinois State Police Trooper Application?

Trooper Clay Woodard advised of the hiring opportunity.

If you were referred by a State Trooper, please provide the Trooper's ID Number:

Clay Woodard

Gender

M

Ethnic Origin

Caucasian

Date of Birth

7(1)(b) & 7(1)(c)

Age

7(1)(b) & 7(1)(c)

Place of Birth

7(1)(b) & 7(1)(c)

Are you a citizen the United States? **Y**

If "Yes", how was citizenship acquired? **Born in the United States**

If you are a Naturalized Citizen, please provide your Citizenship number:

Are you willing to accept an assignment anywhere in the state of Illinois? **Y**

List any internet based social networking you are now or have been involved in (i.e. Facebook, Instagram, snapchat, etc.)

I have used Facebook, Instagram, Snapchat, and Twitter, but no longer use them.

List any identifying marks, scars, birthmarks or tattoos that you have:

Scar on ear lobes from previous piercing.

MARITAL STATUS/FAMILY PROFILE

Current Marital Status

Are you currently married? 7(1)(b) & 7(1)(c)

If "yes", complete the following information for your spouse:

First Name 7(1)(c)	Middle Name 7(1)(c)	Last Name 7(1)(c)
DOB 7(1)(b) & 7(1)(c)	Occupation 7(1)(c)	
Address 7(1)(b)		
City 7(1)(b)	State 7(1)(b)	ZIP 7(1)(b)
Home Phone 7(1)(b)	Occupation 7(1)(c)	

Previous Marital Information

Have you ever been previously married? N

If "yes", how many times?

Previous Spouse 1

First Name N/A	Middle Name N/A	Last Name N/A
DOB N/A		

Previous Spouse 2

First Name N/A	Middle Name N/A	Last Name N/A
DOB N/A		

Previous Spouse 3

First Name N/A	Middle Name N/A	Last Name N/A
DOB N/A		

Family Profile

List every member of your immediate family (BOTH living and deceased). Include father, mother, brothers and sisters, children, step-parents, half and step siblings.

1.	Name 7(1)(c)	Relationship 7(1)(c)	Date of Birth 7(1)(b) & 7(1)(c)	Address, City, St 7(1)(b)
	Occupation 7(1)(c)	Home Phone 7(1)(b)	Work/Cell Phone 7(1)(b) & 7(1)(c)	
2.	Name 7(1)(c)	Relationship 7(1)(c)	Date of Birth 7(1)(b) & 7(1)(c)	Address, City, St 7(1)(b)
	Occupation 7(1)(c)	Home Phone 7(1)(b)	Work/Cell Phone 7(1)(b) & 7(1)(c)	
3.	Name 7(1)(c)	Relationship 7(1)(c)	Date of Birth 7(1)(b) & 7(1)(c)	Address, City, St 7(1)(b)
	Occupation 7(1)(c)	Home Phone 7(1)(b)	Work/Cell Phone 7(1)(b) & 7(1)(c)	

4.	<i>Name</i> 7(1)(c)	<i>Relationship</i> 7(1)(c)	<i>Date of Birth</i> 7(1)(b) & 7(1)(c)	<i>Address, City, St</i> 7(1)(b)
	<i>Occupation</i> 7(1)(c)	<i>Home Phone</i> 7(1)(b)	<i>Work/Cell Phone</i> 7(1)(b) & 7(1)(c)	
5.	<i>Name</i> 7(1)(c)	<i>Relationship</i> 7(1)(c)	<i>Date of Birth</i> 7(1)(b) & 7(1)(c)	<i>Address, City, St</i> 7(1)(b)
	<i>Occupation</i> 7(1)(c)	<i>Home Phone</i> 7(1)(b)	<i>Work/Cell Phone</i> 7(1)(b) & 7(1)(c)	
6.	<i>Name</i> N/A N/A	<i>Relationship</i> N/A	<i>Date of Birth</i> N/A	<i>Address, City, St</i> N/A
	<i>Occupation</i> N/A	<i>Home Phone</i> N/A	<i>Work/Cell Phone</i> N/A	
7.	<i>Name</i> N/A N/A	<i>Relationship</i> N/A	<i>Date of Birth</i> N/A	<i>Address, City, St</i> N/A
	<i>Occupation</i> N/A	<i>Home Phone</i> N/A	<i>Work/Cell Phone</i> N/A	
8.	<i>Name</i> N/A N/A	<i>Relationship</i> N/A	<i>Date of Birth</i> N/A	<i>Address, City, St</i> N/A
	<i>Occupation</i> N/A	<i>Home Phone</i> N/A	<i>Work/Cell Phone</i> N/A	

Dependents

Are you currently financially responsible for dependent children? 7(1)(b) & 7(1)(c)

If "yes", how many? 7(1)(b) & 7(1)(c)

Do your dependents live with you? 7(1)(b) & 7(1)(c)

ALCOHOL, ILLEGAL DRUG USE AND GAMBLING

Are you currently now abusing or excessively using alcohol? **N**

Do you currently use illegal drugs? **N**

Are you currently now excessively gambling? **N**

Have you ever experimented with marijuana? **Y**

If "Yes", how many times? **5 or so**

Estimate the last time you used this substance: **05/2006**

Have you ever experimented with cocaine? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with amphetamines, methedrine, Dexedrine, "speed", "crank"? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with PCP (angel dust)? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with crack cocaine, opiates, morphine, heroin? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with hallucinogens? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with any illegal drugs NOT listed above? **N**

If "Yes", list the drugs below:

How many times? (provide for each drug listed)

Estimate the last time you used each substance: (provide month and year)

Have you ever illegally used or experimented with any other drugs? **N**

If "Yes", list the drugs below:

How many times? (provide for each drug listed)

Estimate the last time you used each substance: (provide month and year)

EDUCATIONAL HISTORY

Provide a chronological history of colleges/universities you have attended. Include addresses, contact phone numbers and start and end dates for each location.

College 1

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
Danville Area Community College 2000 E. Main St. Danville IL 61832	2174433222	1	3.0	08/2016-08/2017

Did you graduate? **N**

If "Yes", list the degree you earned at this institution:

College 2

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A

N/A NA

Did you graduate? **N**

If "Yes", list the degree you earned at this institution:

College 3

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A

N/A NA

Did you graduate? **N**

If "Yes", list the degree you earned at this institution:

College 4

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A

N/A NA

Did you graduate? **N**

If "Yes", list the degree you earned at this institution:

College 5

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A

N/A NA

Did you graduate? **N**

If "Yes", list the degree you earned at this institution:

College 6

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A

N/A NA

Did you graduate? **N**

If "Yes", list the degree you earned at this institution:

Additional Information

As of Recruitment test date, indicate the HIGHEST level of education you will have completed:

List any professional licenses or certificates you hold or have held.

CERTIFIED POLICE OFFICER THROUGH THE UNIVERSITY OF ILLINOIS POLICE TRAINING INSTITUTE.

DRIVING HISTORY

Do you possess a valid Driver's License? **Y**

State

IL

License Number

7(1)(b)

Date of Expiration

12/30/2023

As a driver, have you ever been involved in a traffic accident? **N**

If Yes, please explain: include date, location, and nature of accident (personal injury, property damage, etc):

N/A

Have you ever been refused a driver's or chauffeur's license by any state? **N**

If Yes, please explain:

N/A

Have you ever had a driver's or chauffeur's license in any other state? **N**

If Yes, where:

Has your license ever been suspended, revoked, or placed on probation? **N**

If Yes, please explain:

N/A

RESIDENCES

List your addresses for the last ten years, starting with present address first.

Current Residence

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

10/2021

To (Month/Year)

PRESENT

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent? 7(1)(b) & 7(1)(c)

Previous Residence 1

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

03/2016

To (Month/Year)

02/2020

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent? 7(1)(b) & 7(1)(c)

Previous Residence 2

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

03/2015

To (Month/Year)

03/2016

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent? 7(1)(b) & 7(1)(c)

Leasing Company/Landlord Name:

7(1)(b) & 7(1)(c)

Phone Number

7(1)(b) & 7(1)(c)

Previous Residence 3

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

02/2014

To (Month/Year)

02/2015

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

N/A

Do you rent? 7(1)(b) & 7(1)(c)

Leasing Company/Landlord Name:

7(1)(b) & 7(1)(c)

Phone Number

7(1)(b) & 7(1)(c)

Previous Residence 4

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

01/2012

To (Month/Year)

02/2013

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent? 7(1)(b) & 7(1)(c)

Leasing Company/Landlord Name:

7(1)(b) & 7(1)(c)

Phone Number

7(1)(b) & 7(1)(c)

Previous Residence 5

Address (City, State, ZIP)

N/A ,

From (Month/Year)

To (Month/Year)

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? N

Previous Residence 6

Address (City, State, ZIP)

N/A ,

From (Month/Year)

To (Month/Year)

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? **N**

Previous Residence 7

Address (City, State, ZIP)

From (Month/Year)

To (Month/Year)

N/A ,

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? **N**

Previous Residence 8

Address (City, State, ZIP)

From (Month/Year)

To (Month/Year)

N/A ,

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? **N**

MILITARY SERVICE

Do you currently have three (3) years of consecutive, FULL-TIME, active military duty? **Y**

Are you currently serving or have you ever served in any branch of the United States Armed Forces? **Y**

<i>Branch</i>	<i>Unit</i>	<i>Rank at discharge</i>
NAVY	USS STOUT/USS NICHOLAS	E3

List periods of active service:

<i>From</i>	<i>To</i>
02/11/2013	02/10/2016

At the time of discharge, what type of discharge did you received? **HONORABLE**

Are you now or were you ever a member of the U.S. Reserve Forces? **N**

<i>Active/Inactive</i>	<i>Branch</i>	<i>Unit</i>	<i>Rank</i>
N	N/A	N/A	N/A

<i>Location</i>	<i>From</i>	<i>To</i>
N/A	N/A	N/A

Are you now or were you ever a member of the U.S. National Guard? **N**

<i>State</i>	<i>Regiment</i>	<i>Unit</i>	<i>Rank</i>
NA	N/A	N/A	N/A

<i>Location</i>	<i>From</i>	<i>To</i>
N/A	N/A	N/A

CRIMINAL HISTORY

Have you ever been arrested, detained, pled guilty or no contest to a charge involving assault, domestic violence or stalking? **N**

If "Yes", please provide a detailed description of each and the outcome:

Have you ever been incarcerated? **N**

If "Yes", please provide a detailed description and the outcome:

Have you ever been on probation or parole? **N**

If "Yes", please explain:

Have you ever been sentenced to community service? **Y**

If "Yes", please explain:

WHEN I WAS IN HIGH SCHOOL, WHEN A CLASSMATE SWERVED AT ME IN THEIR CAR I KICKED THE DOOR. I WAS CHARGED WITH CRIMINAL DAMAGE AND HAD TO DO COMMUNITY SERVICE AS PART OF MY RESTITUTION.

Have you ever been ordered to make restitution? **Y**

If "Yes", please explain:

DURING THE ABOVE INCIDENT I HAD TO PAY FOR DAMAGE TO THE VEHICLE.

Have you ever been mandated to counseling or education? **N**

If "Yes", please explain:

Have you ever been convicted of any of the following crimes as either misdemeanors or felonies?

1) Manslaughter

N

- | | |
|--|---|
| 2) Robbery | N |
| 3) Burglary | N |
| 4) Fraud | N |
| 5) Kidnapping | N |
| 6) Forgery | N |
| 7) Money Laundering | N |
| 8) Solicitation of a Child | N |
| 9) Criminal Sexual Abuse | N |
| 10) Criminal Sexual Assault | N |
| 11) Aggravated Criminal Sexual Assault | N |
| 12) Aggravated Criminal Sexual Abuse | N |
| 13) Public Indecency | N |
| 14) Prostitution | N |
| 15) Soliciting for a Prostitute | N |
| 16) Keeping a Place of Prostitution | N |
| 17) Patronizing a Prostitute | N |
| 18) Pimping | N |
| 19) Juvenile Pimping | N |
| 20) Exploitation of a Child | N |
| 21) Aggravated Assault | N |
| 22) Intimidation | N |
| 23) Theft | N |
| 24) Institutional Vandalism | N |
| 25) Mob Action | N |
| 26) Obstructing Justice | N |
| 27) Perjury | N |
| 28) Suborning Perjury | N |
| 29) Tampering with Public Records | N |
| 30) Keeping a Gambling Place | N |
| 31) Domestic Violence | N |

Do you have or have you ever possessed a valid Firearms Owner Identification Card? **Y**

If Yes, please complete:

Card number

7(1)(b) & 7(1)(d)

Expiration date

07/27/2025

EMPLOYMENT HISTORY

Are you currently employed? **Y**

Were you ever placed on a police eligibility list and not hired? **Y**

If "Yes" provide the date, agency and which processes you participated in for each agency (i.e. Written exam, Physical Ability Test, Oral Interview, Background Investigation, Polygraph, Psychological Evaluation, Medical Exam):

U OF I PD, 02/2016. COMPLETED THE WRITTEN, PHYSICAL, AND INTERVIEW.

Are you now on any eligibility lists? **N**

Have you ever been a police officer? **Y**

If "Yes" please continue (department, date & location):

URBANA PD, 01/2020, URBANA IL

Do you have at least three (3) years of continuous FULL-TIME service as a police officer within the same police agency? **N**

Were you ever discharged or asked to resign from any employment? **N**

If Yes, please explain:

Are you now or have you ever been engaged in any business as an owner, partner or officer? **N**

If Yes, please explain:

List all jobs you have held for the last ten years. Please put your present or most recent job first. Be sure to include military service and/or periods of unemployment in the sequence.

Job 1

Employer's Name

URBANA POLICE DEPARTMENT

Type of Business

POLICE

Address/City/State/ZIP

400 S. VINE URBANA IL 61801

Name and Title of Supervisor

SGT. INGRAM PATROL SERGEANT

Telephone Number

2172026171

From(Month/Year)

01/16/2020

To(Month/Year)

PRESENT

Title or Position

PATROL OFFICER

ASSIST WITH ROUTINE PATROL DUTIES, HANDLE CALLS AS DISPATCHED, AND OTHER TASKS WITHIN THE SCOPE OF PATROL DUTIES.

Reason for leaving

N/A

Job 2

Employer's Name

IDOC

Type of Business

N/A

Address/City/State/ZIP

N/A DANVILLE IL 61832

Name and Title of Supervisor

DEVIN WRIGHT CORRECTIONS MAJOR

Telephone Number

N/A

From(Month/Year)

01/06/2017

To(Month/Year)

01/06/2020

Title or Position

CORRECTIONS OFFICER

MAINTAIN ORDER AND ACCOUNTABILITY OF INMATES, ENSURE SAFETY OF INMATES AND STAFF, ASSIST WITH OTHER DUTIES AS REQUIRED.

Reason for leaving

I LEFT IDOC TO BECOME A POLICE OFFICER FOR URBANA PD.

Job 3

Employer's Name

U.S. NAVY

Type of Business

MILITARY

Address/City/State/ZIP

N/A NORFOLK VA N/A

Name and Title of Supervisor

FRANZ DUTTON PETTY OFFICER FIRST CLASS

Telephone Number

N/A

From(Month/Year)

02/13/2013

To(Month/Year)

02/13/2016

Title or Position

LOGISTICS SPECIALIST SEAMAN

ASSUME DECK WATCHES, MANAGE HAZMAT LOCKER AND STOCK, AND ASSIST IN OVERSEEING SUPPLY ORDERS

Reason for leaving

END OF SERVICE OBLIGATION

Job 4

Employer's Name

7(1)(b) & 7(1)(c)

Type of Business

7(1)(b) & 7(1)(c)

Address/City/State/ZIP

7(1)(b) & 7(1)(c)

Name and Title of Supervisor

7(1)(b) & 7(1)(c)

From(Month/Year)

08/01/2012

Title or Position

7(1)(b) & 7(1)(c)

7(1)(b) & 7(1)(c)

Reason for leaving

JOINED NAVY.

Job 5

Employer's Name

UNEMPLOYED

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

01/2012

Title or Position

N/A What were your duties

N/A

Reason for leaving

N/A

Job 6

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A What were your duties

N/A

Reason for leaving

N/A

Job 7

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A What were your duties

N/A

Reason for leaving

N/A

Job 8

Telephone Number

7(1)(b) & 7(1)(c)

To(Month/Year)

02/2013

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

08/2012

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

Employer's Name
N/A
Address/City/State/ZIP
N/A N/A NA N/A
Name and Title of Supervisor
N/A N/A
From(Month/Year)
N/A
Title or Position
N/A
What were your duties
N/A
Reason for leaving
N/A

Type of Business
N/A
Telephone Number
N/A
To(Month/Year)
N/A

Job 9

Employer's Name
N/A
Address/City/State/ZIP
N/A N/A NA N/A
Name and Title of Supervisor
N/A N/A
From(Month/Year)
N/A
Title or Position
N/A
What were your duties
N/A
Reason for leaving
N/A

Type of Business
N/A
Telephone Number
N/A
To(Month/Year)
N/A

Job 10

Employer's Name
N/A
Address/City/State/ZIP
N/A N/A NA N/A
Name and Title of Supervisor
N/A N/A
From(Month/Year)
N/A
Title or Position
N/A
What were your duties
N/A
Reason for leaving
N/A

Type of Business
N/A
Telephone Number
N/A
To(Month/Year)
N/A

ACQUAINTANCE/REFERENCES

Please provide the names of five adults NOT related to you, whom you have known for a period of (preferably) more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

1. Name	Home Telephone Number	
7(1)(c)	7(1)(b)	
Address/City/State/Zip	Occupation or Profession	
7(1)(b)	7(1)(b) & 7(1)(c)	
Work/Cell Telephone	What Relationship	Years Known

7(1)(b) & 7(1)(c)

7(1)(c)

7(1)(c)

2. Name

7(1)(c)

Address/City/State/Zip

7(1)(b)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b)

Occupation or Profession

7(1)(b) & 7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

3. Name

7(1)(c)

Address/City/State/Zip

7(1)(b)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b)

Occupation or Profession

7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

4. Name

7(1)(c)

Address/City/State/Zip

7(1)(b)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b)

Occupation or Profession

7(1)(c)

What Relationship

7(1)(c)

Years Known

7(1)(c)

5. Name

7(1)(b) & 7(1)(c)

Address/City/State/Zip

7(1)(b) & 7(1)(c)

Work/Cell Telephone

7(1)(b) & 7(1)(c)

Home Telephone Number

7(1)(b) & 7(1)(c)

Occupation or Profession

7(1)(b) & 7(1)(c)

What Relationship

7(1)(b) & 7(1)(c)

Years Known

7(1)(b) & 7(1)(c)

Person(s) to notify in case of an emergency:

1. Name

7(1)(c)

Address/City/State/Zip

7(1)(b)

Home Telephone Number

7(1)(b)

Relationship

7(1)(c)

2. Name

7(1)(c)

Address/City/State/Zip

7(1)(b)

Home Telephone Number

7(1)(b)

Relationship

7(1)(c)



CHECK LIST: ILLINOIS STATE POLICE MERIT BOARD

Application:

Confirmed online

WRITE CONFIRMATION NUMBER HERE:



THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITHIN 30 DAYS OF THE CONFIRMATION DATE LISTED ABOVE

If received after 30 days your application will be deemed invalid.

Release Forms (pages 1-6):

- Entry-Level Trooper Basic Questionnaire* (pg. 1)
- Fitness Test Waiver and Release of Liability* (pg. 2)
- Authorization for Release of Personal Information* (pg. 3)
- Authorization for Background Check - DCFS (pg. 4)
- Fast Track Questionnaire (pg. 5)
- Selective Service Form (males only) (pg. 6)

*No photocopies or fax copies will be accepted. You must submit original release forms with original signatures. Acceptable witness signatures include adult family members and friends.

Other required documents:

- COPY valid Driver's License** (copy of front and back if you received a renewal sticker)
- Recent Color Photo of yourself shoulders up (face only) – must be in color and clear**
READ CAREFULLY: Black and white and/or unclear photos will not be accepted. It is recommended to have a white or off-white background to ensure clear photo).
- COPY Birth Record**
READ CAREFULLY: Must contain the applicant's full name and date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the documents. ONE of the following is acceptable and required as the birth record:
 - Copy of U.S. Birth Certificate** (Copy of original or certified by a Board of Health or Bureau of Vital statistics within the U.S. State Department or U.S. territories
Hospital copy NOT accepted.)
 - OR**
 - Copy of Valid U.S. Passport**
 - OR**
 - Copy of Naturalization Papers**
- COPY of Military DD-214 Long Form** (if applicable)
READ CAREFULLY: DD-214 must specifically denote your discharge status as honorable – if you fail to provide the DD-214 long form containing this status your military experience will not be considered
- COPY of Law Enforcement Officer Certification** issued from the Illinois Local Governmental Law Enforcement Officers Training and Standards Board (if applicable)

College/University Transcripts – must be submitted along with above documentation:

- SEALED Original, Official College/University Transcripts from a regionally accredited institution confirming successful completion of education requirements.**

READ CAREFULLY: If you have a degree, transcripts MUST indicate date the degree was conferred. If you do NOT have a degree, transcripts MUST provide proof that semester hours meet the specified criteria listed on the minimum requirements page. College/University must be regionally accredited by one of the acceptable associations listed on the minimum requirements page.



Illinois State Police Merit Board

Entry-Level Trooper Eligibility Questionnaire

Social Security Number:

7(1)(b)

Name:

Last

Merritt

First

Justin

Middle

Basil

The following questions must be answered in order to determine your eligibility set forth by the Illinois Compiled Statutes and Merit Board Rules.

Yes

No

Have you ever been convicted of a felony?

Are you a citizen of the United States?

Do you have a valid driver's license?

Are you willing to accept an assignment anywhere in the state?

Please indicate the highest level of education you will have earned at the time your application is submitted:

60 Credit Hours with NO degree

Associate's Degree

Bachelor's Degree

Master's Degree

Doctorate

None

If applicable, please indicate the military service met at the time your application is submitted:

Three (3) years of continuous, full-time military duty with an honorable discharge

Served in a combat mission by proof of hostile fire pay or imminent danger pay with an honorable discharge

Awarded one of the following: Afghan Campaign Medal, Iraqi Campaign Medal, Southwest Asia Service Medal, Kosovo Campaign Medal, Korean Defense Service Medal, or Global War on Terrorism Expeditionary Medal and received honorable discharge

I certify that the facts set forth on this questionnaire and my online application are true and complete. I understand any false statements may be considered sufficient cause for rejection.

Applicant Name:

Justin Merritt

(printed)

Applicant Signature:

7(1)(b) & 7(1)(c)

Date:

5-20-22



FITNESS TEST WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION of the granting of my request to be permitted to take the Illinois State Police Merit Board Examinations and particularly that portion thereof known as the Fitness Test, I hereby waive any claim for injuries to my person that may arise out of my taking, and participating in, the Fitness Test as administered by Illinois State Police sworn personnel. As such applicant, I undertake to assume the risk of all dangerous conditions which may exist on the premises where the tests are administered or the equipment and/or facilities used, and waive notice of the existence of such conditions and rely on my inspection of the same.

IN FURTHER CONSIDERATION of my being permitted to take the Fitness Test, I hereby release the State of Illinois, all of its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or damage to my property while taking said Fitness Test.

I have read the foregoing and understand every word of this Release and Waiver.

AGREED TO AND ACCEPTED on this 20th day of May, 2022.

Signed: _____

7(1)(b) & 7(1)(c)

Print Name: _____

Justin Merritt

Address: _____

7(1)(b)

*****APPLIES ONLY TO FEMALE APPLICANTS WHO ARE EXPECTING*****

I, _____, do hereby attest to the fact of being aware of my pregnancy and still choose to participate in this Fitness Test. I release the State of Illinois, all of its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or to my unborn child.

Signature: _____

Executive Director
Illinois State Police Merit Board

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the execution of this form, I Justin Merritt authorize the State of Illinois, Illinois State Police to conduct an investigation into all aspects of my qualifications and background. I also authorize any individual, organization, or agency which maintains records relating to me to provide these records on request to any agency of the Illinois State Police conducting such an investigation. This authorization includes, but is not limited to, employment records, credit records, and criminal history records. The intent of this authorization is to give my consent to full and complete disclosure of criminal records, driver's license records, internal investigation records, military records, records of educational and financial institutions, employment and pre-employment records, background reports, efficiency ratings, and complaints. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Record Review Act.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I authorize the Illinois State Police and its agents to provide copies of any records obtained pursuant to this release to any person(s) who are authorized to participate in the vetting of my qualifications and background for employment purposes. I further release the Illinois State Police, its agents and designees under this release, from any and all liability which may be incurred as a result of furnishing such information.

Signature: 7(1)(b) & 7(1)(c) Date: 5-20-22
Print Name (First, Middle, Last): Justin Basil Merritt Maiden Last Name, former Married name(s) or other names used: _____
Current Address: 7(1)(b) Previous Address: 7(1)(b) & 7(1)(c)
City/State/Zip: 7(1)(b) City/State/Zip: 7(1)(b) & 7(1)(c)

To process this form, the following information has been requested by the Illinois State Police:

Date of Birth: 7(1)(b) & 7(1)(c) Social Security Number: 7(1)(b) Contact Phone Number: 7(1)(b)
Driver's License Number: 7(1)(b) Sex/Race: M/W Email Address: 7(1)(b)

Authorization for Appointment/Employment Credit Report

I authorize the Illinois State Police to obtain a credit report on myself through the credit reporting agency of its choice.

Signature: 7(1)(b) & 7(1)(c) Date: 5-20-22
Print Name: Justin Merritt

Employment Credit Report Disclosure Statement

The Illinois Police will procure a credit report concerning my employment. If an adverse employment decision is made due totally or partially to the information on the credit report, the Illinois State Police will provide me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

Signature: 7(1)(b) & 7(1)(c) Date: 5-20-22
Print Name: Justin Merritt

ISP 4 28 (10/14)

2019 Illinois State Police Merit Board

Required Document Page 3 OF 6

COPIES OR FAXES NOT ACCEPTED. ORIGINAL INK SIGNATURES REQUIRED. SEE CHECK LIST FOR LIST OF ALL REQUIRED DOCUMENTS. LEAVE NO BLANKS. CALL 800.343.HIRE WITH QUESTIONS BEFORE SUBMITTING AN APPLICATION.

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: Merritt Justin Basil
Last First Middle

Date of Birth: 7(1)(b) & 7(1)(c) Gender: Male Female Race: White

Current Address: 7(1)(b)
Street/Apt #

7(1)(b) _____
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
<u>7(1)(b)</u>	<u>03/2016-10/2021</u>
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Justin Merritt
7(1)(b) & 7(1)(c) 5.20.22

(Submitting Agency Fax Number)

(Submitting Email Address)
Illinois State Police
(Agency Name)

(Contact Person)



ILLINOIS STATE POLICE MERIT BOARD FAST TRACK ELIGIBILITY QUESTIONNAIRE

Social Security Number: 7(1)(b)

Last:

First:

Middle:

The following questions must be answered in order to determine your potential eligibility for the Illinois State Police Fast Track Class.

Yes No

Have you graduated from an accredited law enforcement academy?

Do you have at least two (2) years of experience while employed as a full-time sworn police officer?

Have you successfully completed the National Highway Traffic Safety Administration (NHTSA)/International Association of Chiefs of Police (IACP) approved DWI/DUI Detection and Standardized Field Sobriety Testing training program or an approved equivalent?
(Proof will be required.)

I certify the facts set forth on this questionnaire are true and complete. I understand false statements may be considered sufficient cause for rejection.

Candidate Name:

Candidate Signature: 7(1)(b) & 7(1)(c)

Date:

Copies or faxes not accepted. Original ink signatures required.



Selective Service Registration Verification

All males who apply for the Illinois State Police are required to provide verification of Selective Service Registration.

Please click the link below, provide the required information and submit the search form. The next page will show your registration number and the date you registered.

You may then download an official Registration Acknowledgement Letter after successful verification. **Please print the Registration Acknowledgement Letter and include this document with all required waivers.**

<https://www.sss.gov/Registration/Check-a-Registration/Verification-Form>

Full Name: Justin Basil Merritt

Selective Service Number: 7(1)(b) & 7(1)(c)

Date of Birth: 7(1)(b) & 7(1)(c)

SELECTIVE SERVICE NUMBER: 7(1)(b) & 7(1)(c)
 SOCIAL SECURITY NUMBER: ON FILE
 SEX: M
 DATE OF BIRTH: 7(1)(b) & 7(1)(c)

(DO NOT WRITE IN THE ABOVE SPACE.)

NAME AND CURRENT MAILING ADDRESS

7(1)(b) & 7(1)(c)

JUSTIN B MERRITT
 7(1)(b) & 7(1)(c)



First explore your interest, then decide which career path is right for you. Visit todaysmilitary.com/ssb2 or fill out and return the enclosed reply card for more information.

Change of Information Form
 If any information shown is incorrect, make corrections, sign and return this top portion to:
 Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636

TODAY'S DATE

SIGNATURE OF REGISTRANT

SSS Digital Acknowledgment SSS Form 3B (Jun-17)



Dear Registrant:

Please keep this letter or wallet sized acknowledgment card as legal proof of your registration. Please review this letter carefully, and use the top portion of this letter to update and/or correct your information. Line through any mistakes and write in the correct information.

IF YOU MADE CHANGES: Cut off the top portion of this letter, and mail it to Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. If your information is correct, do not return this form. However, if any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may make the changes at <https://www.sss.gov/Registration/Change-of-Information/Address-Change-Form>.

For Non-Immigrants: If you are on a valid visa and believe that you were registered in error, send this entire form and proof of your immigration status to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638. A complete list of acceptable documentation may be found at <https://www.sss.gov/Portals/0/PDFs/DocumentationList.pdf>.

Thank you for your cooperation, and please call us at 1-847-688-6888 if you have any additional questions/concerns.

We estimate the public reporting burden for this collection will vary from 1 - 2 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing the burden to: Selective Service System, SSS Forms Officer (3240-0003), Arlington, VA 22209-2425. The OMB control number 3240-0003, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.



Here's your official
Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.

Registration Acknowledgment

SELECTIVE SERVICE NUMBER: 7(1)(b) & 7(1)(c)
 DATE OF BIRTH: 7(1)(b) & 7(1)(c)

NAME AND CURRENT MAILING ADDRESS

JUSTIN B MERRITT
 7(1)(b) & 7(1)(c)

SIGNATURE OF REGISTRANT

(Fold on line.)

SSS Form 3A (Jun-17)

SOCIAL SECURITY NUMBER: ON FILE
 7(1)(b) & 7(1)(c)

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

ACTING DIRECTOR

 Craig T. Brown

7(1)(b) & 7(1)(c)

7(1)(b) & 7(1)(c)



7(1)(b) & 7(1)(c)

By the authority of the
State of Illinois



the
**Illinois Law Enforcement Training
and Standards Board**

awards this certificate to

Justin B Merritt

and hereby certifies the fulfillment of all requirements
as prescribed by Chapter 50 Paragraph 705
the Illinois Compiled Statutes and is qualified as a

Law Enforcement Officer

In Witness Whereof, we affix our signatures

and seal at Springfield, Illinois,

This Fifth day of June, 2020



Executive Director



Chairman of the Board

Certificate Number: 202010351

PTBID: 7(1)(b) & 7(1)(c)



Public Safety Employment Application

Illinois State Police Merit Board

Submitted: 5/30/2022

PERSONAL INFORMATION

Social Security Number: 7(1)(b)

Name(Last)

WRIGHT

(First)

COLBY

(Middle)

GRANT

Have you ever legally changed your name? **N**

List all other names or aliases you have used, or by which you have been known. Include maiden name.

N/A

Present Street Address

7(1)(b)

City, State, ZIP & County

7(1)(b)

Home Phone

7(1)(b)

Cell Phone

7(1)(b)

Work Phone

7(1)(b) & 7(1)(c)

Additional Phone

N/A

Email Address

7(1)(b)

With whom do you live at the above address?

7(1)(c)

How did you hear about the Illinois State Police Trooper Application?

Social Media, Internet

If you were referred by a State Trooper, please provide the Trooper's ID Number:

N/A

Gender

M

Ethnic Origin

Caucasian

Date of Birth

7(1)(b) & 7(1)(c)

Age

7(1)(b) & 7(1)(c)

Place of Birth

7(1)(b) & 7(1)(c)

Are you a citizen the United States? **Y**

If "Yes", how was citizenship acquired? **Born in the United States**

If you are a Naturalized Citizen, please provide your Citizenship number:

Are you willing to accept an assignment anywhere in the state of Illinois? **Y**

List any internet based social networking you are now or have been involved in (i.e. Facebook, Instagram, snapchat, etc.)

Facebook

List any identifying marks, scars, birthmarks or tattoos that you have:

N/A

MARITAL STATUS/FAMILY PROFILE

Current Marital Status

Are you currently married? 7(1)(b) & 7(1)(c)

If "yes", complete the following information for your spouse:

First Name [REDACTED] 7(1)(c)	Middle Name [REDACTED] 7(1)(c)	Last Name [REDACTED] 7(1)(c)
DOB [REDACTED] 7(1)(b) & 7(1)(c)	Occupation [REDACTED] 7(1)(c)	
Address [REDACTED] 7(1)(b)		
City [REDACTED] 7(1)(b)	State [REDACTED] 7(1)(b)	ZIP [REDACTED] 7(1)(b)
Home Phone [REDACTED] 7(1)(b)	Occupation [REDACTED] 7(1)(b) & 7(1)(c)	

Previous Marital Information

Have you ever been previously married? N

If "yes", how many times?

Previous Spouse 1

First Name N/A	Middle Name N/A	Last Name N/A
DOB N/A		

Previous Spouse 2

First Name N/A	Middle Name N/A	Last Name N/A
DOB N/A		

Previous Spouse 3

First Name N/A	Middle Name N/A	Last Name N/A
DOB N/A		

Family Profile

List every member of your immediate family (BOTH living and deceased). Include father, mother, brothers and sisters, children, step-parents, half and step siblings.

- | | | | | |
|-----------|--|------------------------------------|---|---|
| 1. | Name
[REDACTED] 7(1) [REDACTED] 7(1)(c) | Relationship
[REDACTED] 7(1)(c) | Date of Birth
[REDACTED] 7(1)(b) & 7(1)(c) | Address, City, St
[REDACTED] 7(1)(b) |
| | Occupation
[REDACTED] 7(1)(c) | Home Phone
[REDACTED] | Work/Cell Phone
[REDACTED] 7(1)(b) & 7(1)(c) | |
| 2. | Name
[REDACTED] 7(1)(c) | Relationship
[REDACTED] 7(1)(c) | Date of Birth
[REDACTED] 7(1)(b) & 7(1)(c) | Address, City, St
[REDACTED] 7(1)(b) |
| | Occupation
[REDACTED] 7(1)(c) | Home Phone
[REDACTED] 7(1)(b) | Work/Cell Phone
[REDACTED] 7(1)(b) & 7(1)(c) | |
| 3. | Name
[REDACTED] 7(1)(c) | Relationship
[REDACTED] 7(1)(c) | Date of Birth
[REDACTED] 7(1)(b) & 7(1)(c) | Address, City, St
[REDACTED] 7(1)(b) |
| | Occupation
[REDACTED] 7(1)(c) | Home Phone
[REDACTED] 7(1)(b) | Work/Cell Phone
[REDACTED] 7(1)(b) & 7(1)(c) | |

<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Address, City, St</i>
4. 7(1)(c)	7(1)(c)	7(1)(b) & 7(1)(c)	7(1)(b)
<i>Occupation</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>	
7(1)(c)	7(1)(b)	7(1)(b) & 7(1)(c)	

<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Address, City, St</i>
5. 7(1)(c)	7(1)(c)	7(1)(b) & 7(1)(c)	7(1)(b)
<i>Occupation</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>	
7(1)(c)	7(1)(b)	7(1)(b) & 7(1)(c)	

<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Address, City, St</i>
6. N/A N/A	N/A	N/A	N/A
<i>Occupation</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>	
N/A	N/A	N/A	

<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Address, City, St</i>
7. N/A N/A	N/A	N/A	N/A
<i>Occupation</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>	
N/A	N/A	N/A	

<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Address, City, St</i>
8. N/A N/A	N/A	N/A	N/A
<i>Occupation</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>	
N/A	N/A	N/A	

Dependents

Are you currently financially responsible for dependent children? 7(1)(b) & 7(1)(c)

If "yes", how many? 7(1)(b) & 7(1)(c)

Do your dependents live with you? 7(1)(b) & 7(1)(c)

ALCOHOL, ILLEGAL DRUG USE AND GAMBLING

Are you currently now abusing or excessively using alcohol? **N**

Do you currently use illegal drugs? **N**

Are you currently now excessively gambling? **N**

Have you ever experimented with marijuana? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever experimented with cocaine? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with amphetamines, methedrine, Dexedrine, "speed", "crank"? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with PCP (angel dust)? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with crack cocaine, opiates, morphine, heroin? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with hallucinogens? **N**

If "Yes", how many times?

Estimate the last time you used this substance:

Have you ever used or experimented with any illegal drugs NOT listed above? **N**

If "Yes", list the drugs below:

How many times? (provide for each drug listed)

Estimate the last time you used each substance: (provide month and year)

Have you ever illegally used or experimented with any other drugs? **N**

If "Yes", list the drugs below:

How many times? (provide for each drug listed)

Estimate the last time you used each substance: (provide month and year)

EDUCATIONAL HISTORY

Provide a chronological history of colleges/universities you have attended. Include addresses, contact phone numbers and start and end dates for each location.

College 1

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
Southeastern Community College 4564 Chadbourn HWY PO Box 151 Whiteville NC 28472	9106427141	2	C+	08/08-05/10
<i>Did you graduate?</i> N				
<i>If "Yes", list the degree you earned at this institution:</i>				

College 2

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
University of North Carolina at Pembroke 1 University Drive Pembroke NC 28372	9105216000	2	B	08/10-05/12
<i>Did you graduate?</i> Y				
<i>If "Yes", list the degree you earned at this institution:</i> Bachelor of Arts in Criminal Justice				

College 3

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A
N/A NA				
<i>Did you graduate?</i> N				
<i>If "Yes", list the degree you earned at this institution:</i>				

College 4

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A
N/A NA				
<i>Did you graduate?</i> N				
<i>If "Yes", list the degree you earned at this institution:</i>				

College 5

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A
N/A NA				
<i>Did you graduate?</i> N				
<i>If "Yes", list the degree you earned at this institution:</i>				

College 6

<i>Name and Address</i>	<i>Phone Number</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Dates Attended</i>
N/A		N/A	N/A	N/A
N/A NA				
<i>Did you graduate?</i> N				
<i>If "Yes", list the degree you earned at this institution:</i>				

Additional Information

As of Recruitment test date, indicate the HIGHEST level of education you will have completed:

Bachelor's Degree

List any professional licenses or certificates you hold or have held.

**-ILLINOIS LAW ENFORCEMENT TRAINING AND STANDARDS BOARD CERTIFICATE -NORTH CAROLINA
BASIC LAW ENFORCEMENT TRAINING CERTIFICATE -NORTH CAROLINA LAW ENFORCEMENT TRAINING
AND STANDARDS CERTIFICATE**

DRIVING HISTORY

Do you possess a valid Driver's License? **Y**

State

IL

License Number

7(1)(b)

Date of Expiration

12/27/2023

As a driver, have you ever been involved in a traffic accident? **Y**

If Yes, please explain: include date, location, and nature of accident (personal injury, property damage, etc):

**2008 - I REAR ENDED ANOTHER VEHICLE. THE DRIVER OF THE VEHICLE AND I CONCLUDED THERE
WAS ONLY A MINOR SCRATCH ON THEIR VEHICLE AND NO REPORT WAS TAKEN.**

Have you ever been refused a driver's or chauffeur's license by any state? **N**

If Yes, please explain:

N/A

Have you ever had a driver's or chauffeur's license in any other state? **N**

If Yes, where:

Has your license ever been suspended, revoked, or placed on probation? **N**

If Yes, please explain:

N/A

RESIDENCES

List your addresses for the last ten years, starting with present address first.

Current Residence

Address (City, State, ZIP)

7(1)(b)

From (Month/Year)

06/2016

To (Month/Year)

PRESENT

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent? 7(1)(b) & 7(1)(c)

Previous Residence 1

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

05/2015

To (Month/Year)

05/2016

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent? 7(1)(b) & 7(1)(c)

Previous Residence 2

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

05/2013

To (Month/Year)

05/2015

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent? 7(1)(b) & 7(1)(c)

Leasing Company/Landlord Name:

7(1)(b) & 7(1)(c)

Phone Number

7(1)(b) & 7(1)(c)

Previous Residence 3

Address (City, State, ZIP)

7(1)(b) & 7(1)(c)

From (Month/Year)

12/1989

To (Month/Year)

05/2013

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

7(1)(b) & 7(1)(c)

Do you rent? 7(1)(b) & 7(1)(c)

Previous Residence 4

Address (City, State, ZIP)

N/A ,

From (Month/Year)

N/A

To (Month/Year)

N/A

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? N

Previous Residence 5

Address (City, State, ZIP)

N/A ,

From (Month/Year)

To (Month/Year)

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? N

Previous Residence 6

Address (City, State, ZIP)

N/A ,

From (Month/Year)

To (Month/Year)

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? N

Previous Residence 7

Address (City, State, ZIP)

N/A ,

From (Month/Year)

To (Month/Year)

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? **N**

Previous Residence 8

Address (City, State, ZIP)

From (Month/Year)

To (Month/Year)

N/A ,

With whom do you live at the above address? (Provide name(s) and phone number(s) for each person)

Do you rent? **N**

MILITARY SERVICE

Do you currently have three (3) years of consecutive, FULL-TIME, active military duty? **N**

Are you currently serving or have you ever served in any branch of the United States Armed Forces? **N**

<i>Branch</i>	<i>Unit</i>	<i>Rank at discharge</i>
N/A	N/A	N/A

List periods of active service:

<i>From</i>	<i>To</i>
N/A	N/A

At the time of discharge, what type of discharge did you received? **N/A**

Are you now or were you ever a member of the U.S. Reserve Forces? **N**

<i>Active/Inactive</i>	<i>Branch</i>	<i>Unit</i>	<i>Rank</i>
N	N/A	N/A	N/A
<i>Location</i>	<i>From</i>	<i>To</i>	
N/A	N/A	N/A	

Are you now or were you ever a member of the U.S. National Guard? **N**

<i>State</i>	<i>Regiment</i>	<i>Unit</i>	<i>Rank</i>
NA	N/A	N/A	N/A
<i>Location</i>	<i>From</i>	<i>To</i>	
N/A	N/A	N/A	

CRIMINAL HISTORY

Have you ever been arrested, detained, pled guilty or no contest to a charge involving assault, domestic violence or stalking? **N**

If "Yes", please provide a detailed description of each and the outcome:

Have you ever been incarcerated? **N**

If "Yes", please provide a detailed description and the outcome:

Have you ever been on probation or parole? **N**

If "Yes", please explain:

Have you ever been sentenced to community service? **N**

If "Yes", please explain:

Have you ever been ordered to make restitution? **N**

If "Yes", please explain:

Have you ever been mandated to counseling or education? **N**

If "Yes", please explain:

Have you ever been convicted of any of the following crimes as either misdemeanors or felonies?

- | | |
|-----------------|----------|
| 1) Manslaughter | N |
| 2) Robbery | N |
| 3) Burglary | N |
| 4) Fraud | N |

- | | |
|--|---|
| 5) Kidnapping | N |
| 6) Forgery | N |
| 7) Money Laundering | N |
| 8) Solicitation of a Child | N |
| 9) Criminal Sexual Abuse | N |
| 10) Criminal Sexual Assault | N |
| 11) Aggravated Criminal Sexual Assault | N |
| 12) Aggravated Criminal Sexual Abuse | N |
| 13) Public Indecency | N |
| 14) Prostitution | N |
| 15) Soliciting for a Prostitute | N |
| 16) Keeping a Place of Prostitution | N |
| 17) Patronizing a Prostitute | N |
| 18) Pimping | N |
| 19) Juvenile Pimping | N |
| 20) Exploitation of a Child | N |
| 21) Aggravated Assault | N |
| 22) Intimidation | N |
| 23) Theft | N |
| 24) Institutional Vandalism | N |
| 25) Mob Action | N |
| 26) Obstructing Justice | N |
| 27) Perjury | N |
| 28) Suborning Perjury | N |
| 29) Tampering with Public Records | N |
| 30) Keeping a Gambling Place | N |
| 31) Domestic Violence | N |

Do you have or have you ever possessed a valid Firearms Owner Identification Card? **Y**
 If Yes, please complete:

Card number

7(1)(b) & 7(1)(c)

Expiration date

09/30/2025

EMPLOYMENT HISTORY

Are you currently employed? **Y**

Were you ever placed on a police eligibility list and not hired? **Y**

If "Yes" provide the date, agency and which processes you participated in for each agency (i.e. Written exam, Physical Ability Test, Oral Interview, Background Investigation, Polygraph, Psychological Evaluation, Medical Exam):

NORTH CAROLINA HIGHWAY PATROL (2009)- PHYSICAL ABILITY TEST AND POLYGRAPH. CHAMPAIGN POLICE DEPARTMENT (2015)- ORAL INTERVIEW, BACKGROUND INVESTIGATION. DECATUR POLICE DEPARTMENT (2015)- PHYSICAL ABILITY TEST. SPRINGFIELD POLICE DEPARTMENT (2015) - PHYSICAL ABILITY TEST. MACON COUNTY SHERIFF (2015) - PHYSICAL ABILITY TEST

Are you now on any eligibility lists? **N**

Have you ever been a police officer? **Y**

If "Yes" please continue (department, date & location):

URBANA POLICE DEPARTMENT (2015-PRESENT) URBANA, IL BRUNSWICK COUNTY SHERIFF'S OFFICE (2013-2015) BOLIVIA, NC

Do you have at least three (3) years of continuous FULL-TIME service as a police officer within the same police agency? **Y**

Were you ever discharged or asked to resign from any employment? **N**

If Yes, please explain:

Are you now or have you ever been engaged in any business as an owner, partner or officer? **N**

If Yes, please explain:

List all jobs you have held for the last ten years. Please put your present or most recent job first. Be sure to include military service and/or periods of unemployment in the sequence.

Job 1

Employer's Name

URBANA POLICE DEPARTMENT

Type of Business

LAW ENFORCEMENT AGENCY

Address/City/State/ZIP

400 S. VINE STREET URBANA IL 61801

Telephone Number

217-649-9715

Name and Title of Supervisor

DAVE SMYSOR PATROL LIEUTENANT

To(Month/Year)

PRESENT

From(Month/Year)

08/24/2015

Title or Position

PATROL SERGEANT

-CONDUCT MY DUTIES IN A WAY THAT PROTECTS THE IMAGE AND INTEGRITY OF THE URBANA POLICE DEPARTMENT. -SUPERVISE AND ENSURE THAT MEMBERS OF THE URBANA POLICE DEPARTMENT ARE HOLDING THEMSELVES TO THE HIGHEST STANDARD. -EFFECTIVELY MANAGE STAFFING. -CONDUCT INTERNAL INVESTIGATIONS. -OVERSEE DAILY FUNCTIONS OF THE URBANA POLICE DEPARTMENT PATROL DIVISION.

Reason for leaving

I WOULD LIKE TO JOIN THE ILLINOIS STATE POLICE

Job 2

Employer's Name

7(1)(c)

Type of Business

7(1)(c)

Address/City/State/ZIP

7(1)(b) & 7(1)(c)

Telephone Number

7(1)(b) & 7(1)(c)

Name and Title of Supervisor

7(1)(c)

To(Month/Year)

08/2015

From(Month/Year)

06/2015

Title or Position

7(1)(b) & 7(1)(c)

7(1)(b) & 7(1)(c)

Reason for leaving

7(1)(b) & 7(1)(c)

Job 3

Employer's Name

BRUNSWICK COUNTY SHERIFF'S OFFICE

Type of Business

LAW ENFORCEMENT AGENCY

Address/City/State/ZIP

70 STAMP ACT DRIVE BOLIVIA NC 28422

Telephone Number

910-253-2777

Name and Title of Supervisor

CHRIS RAYNOR FIRST SERGEANT

To(Month/Year)

05/2013

From(Month/Year)

02/2013

Title or Position

DEPUTY SHERIFF

-RESPONDED TO ALL 911 CALLS. -CREATED WRITTEN INVESTIGATIVE AND INCIDENT REPORTS

FOR VARIOUS CRIMES RESPONDED TO DURING PATROL TOUR. -ENFORCED FEDERAL AND STATE LAWS. -ESTABLISHED AND PROTECTED CRIME SCENES. -ESCORTED PRISONERS TO AND FROM APPOINTMENTS OUTSIDE OF THE DETENTION FACILITY.

Reason for leaving

TO MOVE TO ILLINOIS. I MOVED TO ILLINOIS BECAUSE 7(1)(b) & 7(1)(c)

Job 4

Employer's Name

7(1)(c)

Type of Business

7(1)(c)

Address/City/State/ZIP

7(1)(b) & 7(1)(c)

Name and Title of Supervisor

7(1)(c)

Telephone Number

7(1)(b) & 7(1)(c)

From(Month/Year)

06/2012

To(Month/Year)

01/2013

Title or Position

7(1)(b) & 7(1)(c)

7(1)(b) & 7(1)(c)

7(1)(b) & 7(1)(c)

Reason for leaving

7(1)(b) & 7(1)(c)

Job 5

Employer's Name

N/A

Type of Business

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

Telephone Number

N/A

From(Month/Year)

N/A

To(Month/Year)

N/A

Title or Position

N/A

What were your duties

N/A

Reason for leaving

N/A

Job 6

Employer's Name

N/A

Type of Business

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

Telephone Number

N/A

From(Month/Year)

N/A

To(Month/Year)

N/A

Title or Position

N/A

What were your duties

N/A

Reason for leaving

N/A

Job 7

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A what were your duties

N/A

Reason for leaving

N/A

Job 8

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A what were your duties

N/A

Reason for leaving

N/A

Job 9

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A what were your duties

N/A

Reason for leaving

N/A

Job 10

Employer's Name

N/A

Address/City/State/ZIP

N/A N/A NA N/A

Name and Title of Supervisor

N/A N/A

From(Month/Year)

N/A

Title or Position

N/A what were your duties

N/A

Reason for leaving

N/A

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

Type of Business

N/A

Telephone Number

N/A

To(Month/Year)

N/A

ACQUAINTANCE/REFERENCES

Please provide the names of five adults NOT related to you, whom you have known for a period of (preferably) more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

1.	<i>Name</i> 7(1)(c) <i>Address/City/State/Zip</i> 7(1)(b) <i>Work/Cell Telephone</i> 7(1)(b) & 7(1)(c)	<i>Home Telephone Number</i> 7(1)(b) <i>Occupation or Profession</i> 7(1)(c) <i>What Relationship</i> 7(1)(c)	<i>Years Known</i> 7(1)(c)
2.	<i>Name</i> 7(1)(c) <i>Address/City/State/Zip</i> 7(1)(b) <i>Work/Cell Telephone</i> 7(1)(b) & 7(1)(c)	<i>Home Telephone Number</i> 7(1)(b) <i>Occupation or Profession</i> 7(1)(c) <i>What Relationship</i> 7(1)(c)	<i>Years Known</i> 7(1)(c)
3.	<i>Name</i> 7(1)(c) <i>Address/City/State/Zip</i> 7(1)(b) <i>Work/Cell Telephone</i> 7(1)(b) & 7(1)(c)	<i>Home Telephone Number</i> 7(1)(b) <i>Occupation or Profession</i> 7(1)(c) <i>What Relationship</i> 7(1)(c)	<i>Years Known</i> 7(1)(c)
4.	<i>Name</i> 7(1)(c) <i>Address/City/State/Zip</i> 7(1)(b) <i>Work/Cell Telephone</i> 7(1)(b) & 7(1)(c)	<i>Home Telephone Number</i> 7(1)(b) <i>Occupation or Profession</i> 7(1)(c) <i>What Relationship</i> 7(1)(c)	<i>Years Known</i> 7(1)(c)
5.	<i>Name</i> 7(1)(c) <i>Address/City/State/Zip</i> 7(1)(b) <i>Work/Cell Telephone</i> 7(1)(b) & 7(1)(c)	<i>Home Telephone Number</i> 7(1)(b) <i>Occupation or Profession</i> 7(1)(c) <i>What Relationship</i> 7(1)(c)	<i>Years Known</i> 7(1)(c)

Person(s) to notify in case of an emergency:

1.	<i>Name</i> 7(1)(c) <i>Address/City/State/Zip</i> 7(1)(b)	<i>Home Telephone Number</i> 7(1)(b) <i>Relationship</i> 7(1)(c)
2.	<i>Name</i> 7(1)(c) <i>Address/City/State/Zip</i> 7(1)(b)	<i>Home Telephone Number</i> 7(1)(b) <i>Relationship</i> 7(1)(c)



CHECK LIST: ILLINOIS STATE POLICE MERIT BOARD

Application:

Confirmed online

WRITE CONFIRMATION NUMBER HERE: [REDACTED]

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITHIN 30 DAYS OF THE CONFIRMATION DATE LISTED ABOVE

If received after 30 days your application will be deemed invalid.

Release Forms (pages 1-6):

- Entry-Level Trooper Basic Questionnaire* (pg. 1)
- Fitness Test Waiver and Release of Liability* (pg. 2)
- Authorization for Release of Personal Information* (pg. 3)
- Authorization for Background Check - DCFS (pg. 4)
- Fast Track Questionnaire (pg. 5)
- Selective Service Form (males only) (pg. 6)

*No photocopies or fax copies will be accepted. You must submit original release forms with original signatures. Acceptable witness signatures include adult family members and friends.

Other required documents:

COPY valid Driver's License (copy of front and back if you received a renewal sticker)

Recent Color Photo of yourself shoulders up (face only) – must be in color and clear
READ CAREFULLY: Black and white and/or unclear photos will not be accepted. It is recommended to have a white or off-white background to ensure clear photo).

COPY Birth Record

READ CAREFULLY: Must contain the applicant's full name and date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the documents. ONE of the following is acceptable and required as the birth record:

Copy of U.S. Birth Certificate (Copy of original or certified by a Board of Health or Bureau of Vital statistics within the U.S. State Department or U.S. territories
Hospital copy NOT accepted.)

OR

Copy of Valid U.S. Passport

OR

Copy of Naturalization Papers

COPY of Military DD-214 Long Form (if applicable)

READ CAREFULLY: DD-214 must specifically denote your discharge status as honorable – if you fail to provide the DD-214 long form containing this status your military experience will not be considered

COPY of Law Enforcement Officer Certification issued from the Illinois Local Governmental Law Enforcement Officers Training and Standards Board (if applicable)

College/University Transcripts – must be submitted along with above documentation:

SEALED Original, Official College/University Transcripts from a regionally accredited institution confirming successful completion of education requirements.

READ CAREFULLY: If you have a degree, transcripts MUST indicate date the degree was conferred. If you do NOT have a degree, transcripts MUST provide proof that semester hours meet the specified criteria listed on the minimum requirements page. College/University must be regionally accredited by one of the acceptable associations listed on the minimum requirements page.



Illinois State Police Merit Board Entry-Level Trooper Eligibility Questionnaire

Social Security Number:

7(1)(b)

Name:

Last

Wright

First

Colby

Middle

Grant

The following questions must be answered in order to determine your eligibility set forth by the Illinois Compiled Statutes and Merit Board Rules.

Yes

No

Have you ever been convicted of a felony?

Are you a citizen of the United States?

Do you have a valid driver's license?

Are you willing to accept an assignment anywhere in the state?

Please indicate the highest level of education you will have earned at the time your application is submitted:

60 Credit Hours with NO degree

Associate's Degree

Bachelor's Degree

Master's Degree

Doctorate

None

If applicable, please indicate the military service met at the time your application is submitted:

Three (3) years of continuous, full-time military duty with an honorable discharge

Served in a combat mission by proof of hostile fire pay or imminent danger pay with an honorable discharge

Awarded one of the following: Afghan Campaign Medal, Iraqi Campaign Medal, Southwest Asia Service Medal, Kosovo Campaign Medal, Korean Defense Service Medal, or Global War on Terrorism Expeditionary Medal and received honorable discharge

I certify that the facts set forth on this questionnaire and my online application are true and complete. I understand any false statements may be considered sufficient cause for rejection.

Applicant Name:

(printed)

Colby Grant Wright

Applicant Signature:

7(1)(b) & 7(1)(c)

Date:

5/30/22



FITNESS TEST WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION of the granting of my request to be permitted to take the Illinois State Police Merit Board Examinations and particularly that portion thereof known as the Fitness Test, I hereby waive any claim for injuries to my person that may arise out of my taking, and participating in, the Fitness Test as administered by Illinois State Police sworn personnel. As such applicant, I undertake to assume the risk of all dangerous conditions which may exist on the premises where the tests are administered or the equipment and/or facilities used, and waive notice of the existence of such conditions and rely on my inspection of the same.

IN FURTHER CONSIDERATION of my being permitted to take the Fitness Test, I hereby release the State of Illinois, all of its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or damage to my property while taking said Fitness Test.

I have read the foregoing and understand every word of this Release and Waiver.

AGREED TO AND ACCEPTED on this 30th day of May, 2022.

Signed: 7(1)(b) & 7(1)(c)

Print Name: Colby Grant Wright

Address: 7(1)(b)

*****APPLIES ONLY TO FEMALE APPLICANTS WHO ARE EXPECTING*****

I, _____, do hereby attest to the fact of being aware of my pregnancy and still choose to participate in this Fitness Test. I release the State of Illinois, all of its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or to my unborn child.

Signature: _____

Executive Director
Illinois State Police Merit Board

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the execution of this form, I, Colby G. Wright authorize the State of Illinois, Illinois State Police to conduct an investigation into all aspects of my qualifications and background. I also authorize any individual, organization, or agency which maintains records relating to me to provide these records on request to any agency of the Illinois State Police conducting such an investigation. This authorization includes, but is not limited to, employment records, credit records, and criminal history records. The intent of this authorization is to give my consent to full and complete disclosure of criminal records, driver's license records, internal investigation records, military records, records of educational and financial institutions, employment and pre-employment records, background reports, efficiency ratings, and complaints. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Record Review Act.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I authorize the Illinois State Police and its agents to provide copies of any records obtained pursuant to this release to any person(s) who are authorized to participate in the vetting of my qualifications and background for employment purposes. I further release the Illinois State Police, its agents and designees under this release, from any and all liability which may be incurred as a result of furnishing such information

7(1)(b) & 7(1)(c)
Date
Colby Grant Wright
Print Name (First, Middle, Last)
7(1)(b)
Current Address
7(1)(b)
City/State/Zip

5/30/22
Date
N/A
Maiden Last Name, former Married name(s) or other names used
7(1)(b) & 7(1)(c)
Previous Address
7(1)(b) & 7(1)(c)
City/State/Zip

To process this form, the following information has been requested by the Illinois State Police:

7(1)(b) & 7(1)(c)
Date of Birth
7(1)(b)
Driver's License Number

7(1)(b)
Social Security Number
Male / White
Sex/Race

7(1)(b)
Contact Phone Number
7(1)(b)
Email Address

Authorization for Appointment/Employment Credit Report

I authorize the Illinois State Police to obtain a credit report on myself through the credit reporting agency of its choice.

7(1)(b) & 7(1)(c)
Date
Colby G. Wright
Print Name

5/30/22
Date

Employment Credit Report Disclosure Statement

The Illinois Police will procure a credit report concerning my employment. If an adverse employment decision is made due totally or partially to the information on the credit report, the Illinois State Police will provide me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

7(1)(b) & 7(1)(c)
Date
Colby G. Wright
Print Name

5/30/22
Date

ISP 4-28 (10/14)

State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: Wright Colby Grant
Last First Middle

Date of Birth: 7(1)(b) & 7(1)(c) Gender: Male Female Race: White

Current Address: 7(1)(b)
Street/Apt #
7(1)(b)
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
<u>7(1)(b)</u>	<u>06/16 - present</u>

List maiden name and/or all other names by which you have been known: (last, first, middle)

N/A

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Colby Grant Wright
7(1)(b) & 7(1)(c) 5/30/22

(Submitting Agency Fax Number)

(Submitting Email Address)
Illinois State Police (Agency Name)

(Contact Person)



ILLINOIS STATE POLICE MERIT BOARD FAST TRACK ELIGIBILITY QUESTIONNAIRE

Social Security Number: 7(1)(b)

Last:

First:

Middle:

The following questions must be answered in order to determine your potential eligibility for the Illinois State Police Fast Track Class.

Yes No

Have you graduated from an accredited law enforcement academy?

Do you have at least two (2) years of experience while employed as a full-time sworn police officer?

Have you successfully completed the National Highway Traffic Safety Administration (NHTSA)/International Association of Chiefs of Police (IACP) approved DWI/DUI Detection and Standardized Field Sobriety Testing training program or an approved equivalent?
(Proof will be required.)

I certify the facts set forth on this questionnaire are true and complete. I understand false statements may be considered sufficient cause for rejection.

Candidate Name:

Candidate Signature: 7(1)(b) & 7(1)(c)

Date:

Copies or faxes not accepted. Original ink signatures required.



Selective Service Registration Verification

All **males** who apply for the Illinois State Police are required to provide verification of Selective Service Registration.

Please click the link below, provide the required information and submit the search form. The next page will show your registration number and the date you registered.


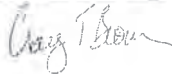
You may then download an official Registration Acknowledgement Letter after successful verification. **Please print the Registration Acknowledgement Letter and include this document with all required waivers.**

<https://www.sss.gov/Registration/Check-a-Registration/Verification-Form>

Full Name: Colby Grant Wright

Selective Service Number: 7(1)(b) & 7(1)(c)

Date of Birth: 7(1)(b) & 7(1)(c)

 Registration Acknowledgment		SSS Form 3A (Jun-17)	
SELECTIVE SERVICE NUMBER <u>7(1)(b) & 7(1)(c)</u>	DATE OF BIRTH <u>7(1)(b) & 7(1)(c)</u>	SOCIAL SECURITY NUMBER ON FILE <u>7(1)(b) & 7(1)(c)</u>	
NAME AND CURRENT MAILING ADDRESS COLBY GRANT WRIGHT <u>7(1)(b) & 7(1)(c)</u> <u>7(1)(b) & 7(1)(c)</u>		(Fold on line.) The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.	
ACTING DIRECTOR  Craig T. Brown			

7(1)(b) & 7(1)(c)



7(1)(b) & 7(1)(c)



Illinois Law Enforcement Training and Standards Board

Kevin T. McClain, Executive Director

4500 South Sixth Street Road, Room 173 - Springfield, Illinois 62703-6617

Telephone (217) 782-4540 - Fax (217) 524-5350

Request Waiver of Minimum Training Standards

August 26, 2015

Chief Patrick J Connolly Urbana Police Dept 400 South Vine Urbana, IL 61801	Name (Last, First, Middle Initial) Wright, Colby G
	PTBID: 7(1)(b) & 7(1)(c)
	Position: Police Officer

A completed Form E, Notice of Appointment card MUST accompany waiver request.

Successful Completion of the Illinois Basic Course prescribed by the Board and passed the certification exam.

CERTIFICATION/VERIFICATION

As the Chief Administrator and Employer of the officer named herein, I am requesting a Waiver of the Training Requirements under the provisions of the Public Act. In so doing, I am verifying that the above officer is currently employed with this agency and that the information contained herein is complete and accurate. The above named officer has been subjected to a criminal and character background investigation, including the use of fingerprint cards processed through the Department of State Police and the Federal Bureau of Investigation and such investigation has revealed no felony conviction or crime involving moral turpitude (forward any arrest record). I attest that the above officer is of good character.

This form was digitally signed online by: **CASSIEHELDMAN** Date signed: **08/25/2015**

For Completion By The Executive Director of the Board Only

The request for waiver of the Minimum Training Standards for the officer listed above may be granted based upon the following:

Waiver Request Granted

<p>Waiver for Full Time Law Enforcement</p> <p><input type="checkbox"/> Successful Completion of the Basic Training and the State Certification Exam or Part-Time Basic Training Course (STTAR/PEP included) and State Certification Exam.</p> <p><input type="checkbox"/> Successful Completion of the Board's Intern Basic Training Course.</p> <p><input checked="" type="checkbox"/> Previous training and experience. <i>NC tx. reciprocity</i></p>	<p>These conditions must be completed within six months of the date of employment:</p> <p><input checked="" type="checkbox"/> Successful Completion of the 240-Hour Illinois Mandatory Firearms Training Course per statutory requirement.</p> <p><input checked="" type="checkbox"/> Successful Completion of the Illinois Basic Law Enforcement Equivalency Exam.</p> <p><input checked="" type="checkbox"/> Successful Completion of the Board's Illinois Law for Police Course within 6 months.</p> <p><input type="checkbox"/> Successful Completion of the Board's Transition Course.</p>
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Conditions of the Corrections Training Waiver is dependant on verification of the Sheriff that this officer received a thorough indoctrination of the Illinois County Jail Standards and Correctional Law.

Waiver Request Denied

Your request for a waiver of the Minimum Training Standards for the officer listed above has been denied. This officer must complete the Recruit Basic Training course within the statutory time limits at one of the Board's certified training academies or mobile team units as applicable.

Kevin T. McClain
Executive Director

R. H. [Signature]

11/6/16
Date

Southwestern Community College

As hereby declared a graduate, and the Board of Trustees upon recommendation

Certificate

to

Colby Grant Wright

Having satisfactory completed the requirements for the certificate in

Basic Law Enforcement Training

In testimony whereof, the undersigned, by authority vested in them, have therunto affixed their signatures. Given at Whiteville, North Carolina
on this seventh day of May, two thousand thirteen.

Spauld R. Smith

Chairman of the Board of Trustees



Katley Motlock

President