

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____

DATE: _____

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

POSITION APPLYING FOR

☐ FIREFIGHTER

☐ LAW ENFORCEMENT

PERSONAL HISTORY

Full Name:

First _____ Middle _____ Last _____

Current Address:

Address _____

City _____ County _____ State _____ Zip _____

Date of Birth: _____ Social Security Number: _____

Telephone Number _____ email _____

Emergency Contact Name & Number _____

1. Are you a United States Citizen? ☐ Yes ☐ No

If naturalized, please provide:

Place

Court

Naturalization No.

2. Do you have any relatives working for the Fairfield Police Department? ☐ Yes ☐ No
If yes, Name: _____ Relationship: _____

3. Have you ever worked for or applied to the Fairfield Police Department before? ☐ Yes
☐ No If yes, Please give the year and position applied for: _____

4. Have you ever applied to any other law enforcement agency? ☐ Yes ☐ No If yes, list
name of agency and date of application: _____

5. Are you now on any eligibility lists? ☐ Yes ☐ No If yes, list the name of the agency:

6. List all other names you have used including circumstances and time periods you used them.
(For example: maiden name, former name(s), alias (es), or nickname(s)).

Name	Circumstance	Dates From Month/Year	Dates To Month /Year

7. List every member of your immediate family who is still living, include father, mother, sisters, and brothers.

Name	Relationship	Address	Occupation

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

From (Mo./Yr.)	To (Mo./Yr.)	Address of Residence	City, State, & Zip

9. Do you own or are you buying your own home? Yes ☐ No ☐

10. Do you own or are you buying other real estate? Yes ☐ No ☐

If "Yes", give location: _____

EDUCATION/TRAINING

11. List the various schools you have attended and other information requested.

High School or GED Name/Address	Dates Attended Mo./Yr.		Years Completed	Did you Graduate?	Type of Diploma
	From	To			

College/University Name/Address	Dates Attended		Years Completed	Did you Graduate?	Type of Diploma
	From	To			

Major _____ Minor _____

12. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending the school that you would like us to know about:

13. Have you ever been suspended or expelled from school? Yes ☐ No ☐ If "Yes", Explain:

14. List any foreign languages you can speak: _____

15. List any foreign languages you can read: _____

16. List any foreign languages you can write: _____

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

18. Indicate any firefighting/law enforcement education/training (attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

19. Technology skills – Check All Skills & Software Applications You Have Experience Using (any version):

PC User ☐ Windows ☐ Microsoft Word ☐ Microsoft Excel ☐ E-Mail ☐

Internet ☐ Scanner ☐ Copier ☐ Fax ☐ Web Page Design/Maintenance ☐

☐ Other: Please list: _____

EMPLOYMENT HISTORY

20. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

NOTICE: During the Background Check, we will be contacting your present employer.

Present Employer:			
Address:			
Street	City	State	Zip
Telephone: ()		Supervisor Name:	
Dates: From:		To:	
Position Held:			
Primary Duties:			
Reason for Leaving:			

Next Employer:			
Address:			
Street	City	State	Zip
Telephone: ()		Supervisor Name:	
Dates: From:		To:	
Position Held:			
Primary Duties:			
Reason for Leaving:			

Next Employer:			
Address:			
Street	City	State	Zip
Telephone: ()		Supervisor Name:	
Dates: From:		To:	
Position Held:			
Primary Duties:			
Reason for Leaving:			

Next Employer:			
Address:			
Street	City	State	Zip
Telephone: ()		Supervisor Name:	
Dates: From:		To:	
Position Held:			
Primary Duties:			
Reason for Leaving:			

Next Employer:			
Address:			
Street	City	State	Zip
Telephone: ()		Supervisor Name:	
Dates: From:		To:	
Position Held:			
Primary Duties:			
Reason for Leaving:			

DRIVING HISTORY

21. Are you a licensed Illinois automobile operator? Yes ☐ No ☐

License No.: _____ Date of Expiration: _____ Class: _____

22. Do you hold or have you ever held an operator license in another state? Yes ☐ No ☐

If "Yes", please provide state(s), name used and approximate dates license(s) was/were held.

23. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes ☐ No ☐

If "Yes", please provide complete details including why license was revoked?

24. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance? Yes ☐ No ☐

If "Yes", please provide complete details.

25. Has your license ever been placed on probation? Yes ☐ No ☐

If "Yes", please provide complete details.

MILITARY HISTORY

26. Have you ever served on active duty in the Armed Forces of the United States?

Yes ☐ No ☐

Branch of Service: _____ Highest Rank: _____

Serial #: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

27. Date and Type of discharge: _____

28. Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes ☐ No ☐ If "Yes", state the branch of service, name and location of your unit:

PERSONAL & PROFESSIONAL REFERENCES

29. Personal References: Please list the names of three (3) persons not related to you by blood or marriage.

Name	Address	Telephone	Occupation
Years Known			

Years Known			
Years Known			

41. Professional References: List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage. Do not list former employers.

Name	Address	Telephone	Occupation
Years Known			
Years Known			
Years Known			

SECURITY DATA

30. Have you ever been convicted of a criminal offense? Yes ☐ No ☐ If "Yes", Explain:

31. Have you ever been arrested, received a notice or summons to appear, charged, convicted, pled nolo contendere, pled guilty to any criminal violation, regardless if the records was sealed or expunged? ☐ Yes ☐ No

32. Have you ever been placed on probation? Yes ☐ No ☐ If "Yes", Explain:

33. Have you ever been detained, questioned, interviewed or in any way been contacted by a law enforcement agency for any reason (including investigative purposes)? ☐ Yes ☐ No

If "Yes", Explain:

34. Have you ever been a respondent in an injunction for protection or civil no contact order? Yes ☐ No ☐ If "Yes", Explain:

35. Have you ever been a plaintiff or defendant in a court action? Yes ☐ No ☐ If "Yes", Explain:

REASON FOR APPLYING FOR THIS POSITION

36. Explain your reason for applying for this position.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

OTHER REQUIRMENTS

When requested by this agency, applicant will be fingerprinted and shall be required to submit to a drug test and complete physical examination, as well as be required to complete the Background information form, a polygraph examination and a psychological examination.

Applicant Name: _____

Applicant Name: _____

DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Copy of high school diploma or equivalent
2. Copy of college degree or transcript of completed hours
3. Copy of birth certificate
4. Copy of military record (DD214), if applicable
5. Recent photograph

SIGNATURE & CERTIFICATION OF ACCURACY

I hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal.

I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with employer, and if employed, my termination from employment.

I give the employer the right to investigate all references and to secure additional information about me. I hereby release from liability the employer and its representatives for seeking such information and all other person, corporations or organizations for furnishing such information.

Signature of Applicant:

Date:

WAIVERS

RULES AND REGULATIONS AGREEMENT

I hereby agree to abide by all rules and regulations of the Fire and Police Commission of the City of Fairfield, Illinois during and after all examination programs. I further agree to abide by all rules and regulations of the Fairfield Fire Department/Fairfield Police Department should I be appointed in due course of time. I understand that the aforementioned rules are available for me to review at the Fairfield Fire Department/Fairfield Police Department.

Signature of Applicant: _____

Date: _____

Printed Name: _____

TEST RESULT WAIVER

I, the undersigned, fully understand and agree that all tests and the results thereof become the property of the Fairfield Fire and Police Commission. I further understand and acknowledge that all said testing material and the results thereof are not subject to review.

Signature of Applicant: _____

Date: _____

Printed Name: _____

PHYSICAL ABILITY LIABILITY RELEASE

The undersigned recognizing that the Physical Ability Test is an integral part of the examination for Firefighter/Police Officer in the City of Fairfield, Illinois, hereby releases, remises and discharges the City of Fairfield, Illinois, a municipal corporation, the Fire and Police Commission, and all of their officers, servants, agents and employees of and from any and all injuries, losses and damages to my person shall have been caused, or may at any time arise as the result of certain Firefighter/Police Officer examinations conducted by the Fire and Police Commission of said Fairfield, Illinois. The intention hereof being to completely, absolutely, and finally release said City of Fairfield, Illinois, the Fire and Police Commission, and all of their officers, servants, agents and employees of and from any and all liability arising wholly or in part from the cause aforesaid.

Signature of Applicant: _____

Date: _____

Printed Name: _____

NOTIFICATION OF DRUG TESTING

I, the undersigned applicant for the position of Firefighter/Police Officer in the City of Fairfield, acknowledge that I have been advised that as part of the medical examination for application to the Fairfield Police Department I may be given a test to detect the presence or absence of habit forming drugs including but not limited to marijuana, cocaine, and heroin.

I acknowledge that the results of the test will be considered by the Fairfield Fire and Police Commission in its evaluation of my application and hereby consent both to the testing and such use of the results as may be reasonably necessary in the evaluation of my application.

Signature of Applicant:

Date:

Printed Name:

NOTIFICATION OF POLYGRAPH EXAMINATION

I, the undersigned, fully understand that part of the application process for Firefighter/Police Officer requires the taking of a polygraph examination. This examination may cover the following areas:

1. Work and medical history
2. Use of alcoholic beverages
3. Use or sale of illegal drugs
4. Driving record
5. Commission of any serious crimes
6. Theft from your previous place of employment
7. Buying or selling stolen property
8. Shoplifting
9. Pay or receive bribes or kickbacks
10. Use of excessive force against another person

Signature of Applicant:

Date:

Printed Name:

Fire and Police Commission Fairfield, Illinois

RELEASE OF INFORMATION AUTHORITY

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Fairfield Police Department any and all information that you may have concerning me, my work record, or my reputation. In addition, please provide any information that may appear in my personnel file.

This information is to be used to determine my qualifications and fitness for the position that I am seeking with the Fairfield Fire Department/Fairfield Police Department.

I hereby release you and/or your employer from any liability and damage to whatsoever nature connected with the release of the information stated above.

Initial the specified areas below:

_____ Criminal History
_____ Credit History
_____ Education History
_____ Employment History
_____ Medical History (including physical, mental and laboratory records)
_____ Military History
_____ ALL OF THE ABOVE

Printed Name: _____
Address: _____
Telephone: _____

Signature of Applicant: _____

Date: _____

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. **General Information.** The Standard Form 180, Request Pertaining to Military Records (SF 180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself or someone else. Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>.
2. **Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180 (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago).
 - a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R C8). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death such as the DD Form 1300, Casualty Report, a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**
 - b. **Fees for records:** There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.
3. **Archival Records.** Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".
 - a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b)(6)) may still apply and may preclude the release of some information.
 - b. **Fees for Archival Records:** Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information see <https://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.
4. **Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If requester desires to send his/her record to a third party, he/she must fill out a DD Form 2870 authorizing the releasing agency to release the record and the timeframe of the authorization. The form may be downloaded using most commercial web search tools by entering "DD Form 2870" as a search term.
5. **Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.
6. **Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)		2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)					
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. _____ 2. _____ 3. _____ 4. _____

7. IS THIS PERSON DECEASED? ☐ NO ☐ YES - MUST provide Date of Death if veteran is deceased: _____

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ NO ☐ YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED**1. CHECK THE ITEM(S) YOU ARE REQUESTING:**

- ☐ **DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): _____
This form contains information used to verify military service. An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a DELETED copy.
- ☐ **Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- ☐ **Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
☐ I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). (NOTE: Fields are required)
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- ☐ **Dental Records:** Please check this box if ONLY dental records are needed from the medical record.
- ☐ **Other (Please Specify):** _____

2. PURPOSE: (Providing information about the purpose of the request is voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

- ☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____		2. RELATIONSHIP TO VETERAN: _____	
3. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.		<input type="checkbox"/> I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)	
<input type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)		<input type="checkbox"/> OTHER (Specify): _____	
4. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)			
Name _____			
Street Address _____		Apt. # _____	
City _____		State _____ ZIP Code _____	
Daytime Phone _____		Fax Number _____	
Email Address _____			

5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print

Date

* This form is available at <https://www.archives.gov/veterans-military-service-records/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. *

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

This instruction and information sheet accompanying this form as needed.			
BRANCH	CURRENT STATUS OF SERVICE MEMBER	Personnel	Medical or Service
		Record	Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994		
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	14
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	14	11
	Discharged, deceased, or retired on or after 1/1/2014	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	13
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	1	
	Current National Guard enlisted not on active duty in the Air Force	2	
COAST GUARD	Discharged, deceased, or retired before 1/1/1898	2	13
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	6	
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	14
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	14	11
	Discharged, deceased, or retired on or after 10/1/2013	3	11
	Active, Reserve, Individual Ready Reserve or TDRL	3	14
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	3	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	6	
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	14
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	14	11
	Discharged, deceased, or retired on or after 1/1/2014	4	11
	Individual Ready Reserve	4	8
	Active, Selected Marine Corps Reserve, TDRL	5	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	4	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	6	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	14	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	11
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	9
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	7	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	6	
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	14
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	14	11
	Discharged, deceased, or retired on or after 1/1/2014	10	11
	Active, Reserve, or TDRL	10	8
PHS	Public Health Service - Commissioned Corps officers only	10	
ADDRESS LIST OF CUSTOMERS		12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center AFPC/DP2SSM 550 C Street West JBSA-Randolph TX 78150-4721 Fax: 210-565-3124 Email: DP2SSM.MILRECS.INCOMING@US.AF.MIL	6	National Archives & Records Administration Research Services (RDTIR) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs ATTN: Release of Information Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444 Fax: 844-531-7818 https://www.va.gov
2	Air Reserve Personnel Center Total Force Service Center: 1-800-525-0102 https://mypers.af.mil/	7	US Army Human Resources Command's web page: https://www.hrc.army.mil/content/1113 or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 https://www.dcms.uscg.mil/ompf	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St Louis 4300 Goodfellow Boulevard, Building 103 St Louis, MO 63120 Fax number: 314-260-8128	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030 SMB.MANPOWER.MMRP-10@usmc.mil	9	AMEDD Army Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217 Fax Number: 210-201-8310	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St Louis, MO 63138-1002 https://www.archives.gov/veterans/military-service-records/
5	Marine Corps Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70114	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3130		

FAIRFIELD POLICE DEPARTMENT

AFFIRMATIVE ACTION FOR STATISTICAL USE ONLY

Dear Applicant:

Our agency is an Equal Opportunity / Affirmative Action employer and subject to certain reporting and affirmative requirements. The information required on this insert is requested only so that we may meet our Equal Opportunity / Affirmative action obligations. Your completion of this form is purely voluntary and will not, in any way affect your consideration for employment. This insert will be separated from your application and will be separately maintained. Thank you for your assistance.

1. SEX: ☐ Male ☐ Female
2. ETHNICITY: ☐ Hispanic ☐ Latino ☐ Neither

3. If you checked "neither" for ethnicity, please identify your race by checking one of the boxes below.

- RACE: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Two or more races

- HANDICAPPED: ☐ Yes ☐ No
VETERAN: ☐ Yes ☐ No

Marital Status: _____
Age: _____

How were you referred to our agency?

Newspaper Ad (Specify) _____
Other Ad (radio, TV, etc.) _____
Walk in _____
Agency (Specify) _____
Employee (whom) _____
Internet _____
Other _____