

# New Lenox Police Department

701 W. Haven Avenue New Lenox, Illinois 60451

## Liquor Background Check Initial Application

1. Name, Last, First – Middle – In Full				
2. Alias – Nickname		3. Social Security #		4. Phone (Work/home)
5. Current Address				
6. Date of Birth			7. Place of Birth	
8. Height	9. Weight	10. Eye Color	11. Hair Color	12. Marital Status
13. List all residences for the past ten (10) years from present:				
From	To	Street & Number	City	State
14. Vehicle Operator's License Number:			Class:	
Restrictions:		Expiration Date:	State:	
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Explain:				
15. Employment record for past ten years – include part-time and unemployment periods.				
From	Name	Job Title	Why Did You Leave?	
To	Address	Description of Your Duties		
Salary	City & State	Supervisor's Name	Co-Worker's Name	

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16. Have you served in the U.S. Armed Forces?

17. **ARREST -- DETENTION -- LITIGATION**  
**Show all arrests including criminal and traffic**

Have you ever been arrested or detained by a Law Enforcement Agency?  Yes  No

Have you ever been involved in any court action, civil or criminal? (Include all traffic -- felony -- misdemeanor -- in this state or elsewhere)

Have you ever been fingerprinted for any reason? (Arrest -- applicant -- service -- other)

If any answer to the above is YES, list date, place and full details:




**REQUEST FOR AND AUTHORITY TO RELEASE INFORMATION**

THIS IS TO REQUEST THAT ANY INFORMATION CONCERNING THE FOLLOWING MATTER BE PROVIDED PURSUANT TO MY APPLICATION FOR A VILLAGE OF NEW LENOX LIQUOR LICENSE.

I REQUEST THAT THE CUSTODIAN OF RECORDS IN EACH INSTANCE PERMIT THE RECORD TO BE EXAMINED, COPIED OR OTHERWISE REVIEWED, AND HEREBY RELEASE ANY SUCH INSTITUTION, ORGANIZATION, BUSINESS OR COMPANY, INCLUDING ITS OFFICERS, EMPLOYEES OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND WHICH MAY AT ANY TIME RESULT TO ME, MY HEIRS, FAMILY OR ASSOCIATES BECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION AND REQUEST TO RELEASE INFORMATION OR ANY ATTEMPT TO COMPLY WITH IT.

**THE INFORMATION COLLECTED WILL BE HELD CONFIDENTIAL AND IS FOR THE SOLE USE OF THE NEW LENOX LIQUOR COMMISSION**

1. Record of any medical treatment or history of any treatment for mental illness.
2. Records pertaining to any and all employment including service in the armed forces of the United States of America and records of any disciplinary action, court martial, or official reprimands while so employed.
3. Record of any credit history.
4. Record of any criminal arrest or conviction.

THIS AUTHORIZATION IS BEING FREELY GIVEN IN LIGHT OF THE INDIVIDUAL RIGHT TO REFUSE SUCH AUTHORIZATION AS PROTECTED BY FEDERAL LAW.

\_\_\_\_\_  
Full Name -- Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

S E A L

\_\_\_\_\_  
Witness