

# **ROCKFORD POLICE DEPARTMENT**

420 West State Street  
Rockford, IL  
61101-1288

## **PERSONAL HISTORY STATEMENT INSTRUCTIONS**

Attached to this instruction sheet is a twenty-one (21) page PERSONAL HISTORY STATEMENT. This document will provide information to the Rockford Police Department so a background investigation may be conducted. The purpose of the investigation is to verify your suitability for employment with the Department as a Police Officer.

This form is comprehensive and asks for detailed information. Read each item carefully and answer completely. If you are unclear, or do not understand, ask the investigator involved with your background.

Failure to completely and honestly answer **all** that is asked can remove you from further consideration as an officer. Omissions, lapses, vague answers, incomplete answers and lies are all considered to be disqualifiers. **Do not** fail to completely answer any item due to the lack of space on this form - attach additional sheets as necessary. Additionally, **do not leave any item blank** - if an item does not apply to you, put "N/A" in that space .

Remember, no one is perfect - - **this is the time to be totally open and honest about everything.** Failure to do so will immediately remove you from any further consideration as a Rockford Police Officer.

# ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

>>>>> PLEASE TYPE OR PRINT ALL REQUESTED INFORMATION <<<<<<

## PERSONAL:

1. YOUR NAME:			
Last	First	Middle	
List any other names you have used (including maiden names, name changes, married names, nicknames, etc.):			
2. Your current address:			
Number	Street	City	State                      Zip + 4
3. List telephone numbers at which you can be contacted:			
Home:		Work:	Pager: Other
4. Date and place of Birth	5. You must be a citizen of the United States or a permanent resident alien . Are you a citizen of the United States?    YES    NO		
	If NO, the background investigator will advise you of the required documentation.		
6. Social Security Number:			
7. For purposes of identification, please supply the below information:			
Height:	Weight:	Hair Color:	Eye Color:
Scars, Tattoos or other distinguishing marks:			

## RELATIVES AND REFERENCES:

During the course of the background investigation, persons who know you will be contacted and interviewed. Inquires will be limited to job-relevant matters.

8. Please supply the appropriate information in the spaces below.		
If living, name of your:	Home address	Telephone
Father:		
Mother:		
Spouse		

# ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

9. What is your current marital status: \_\_\_\_\_

10. Please supply the appropriate information in the spaces below.

If living, name of your:	Home address	Telephone
Father - In - Law		
Mother In - Law		
Former Spouse		
Former Spouse		
Former Spouse		
Brother:		
Brother		
Sister:		
Sister:		
Step-Mother:		
Step-Father:		
Step-Brothers and Step-sisters : <u>Use separate sheet</u>		

# ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

## RESIDENCE:

11. Please list all of your residences during the past 10 years, beginning with your current residence:

ADDRESS	CITY, STATE, ZIP	FROM	TO	If rented, name & address of person responsible for collection of rent

12. Have you ever been evicted from any residence? YES / NO If Yes, explain below:

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# ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

## REFERENCES:

14. In the spaces below list NOT LESS THAN 4, (or more than 8) references that have knowledge of you and your qualifications. Do not list relatives or former employers

NAME	ADDRESS	TELEPHONE

# ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

## EDUCATION:

Highest level (year) of education (circle): 10 11 12 13 14 15 16 17 18 19 20

15. Please check all areas that apply to you:

I possess a General Equivalency Diploma (GED) or similar

I possess a high school diploma

I hold a two year college degree

I hold a four year college degree or higher

16. List all schools attended, beginning with high school:

NAME OF SCHOOL	LOCATION (CITY & STATE)	DATES ATTENDED		DIPLOMA / DEGREE / CERTIFICATE RECEIVED
		FROM	TO	

17. Have you ever been suspended from any high school, college, university, business or vocational school or any other educational institution (other than elementary school)?

YES NO If YES, explain below

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# ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

## EMPLOYMENT

18. Beginning with your current, or most recent employment, list all jobs (including full-time, part-time, temporary and voluntary) you have held from the age of 16. If you had periods of unemployment or military service, list those periods also. Be specific on your reason for leaving each job.

If you need additional space, copy one of the following pages or use additional paper. DO NOT fail to list any period from 16 years of age until the present.

Please list in chronological order, beginning with your current situation.

DATES	NAME & ADDRESS & TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME
From: ___/___/___ To: ___/___/___		
CIRCLE ONE:    Full-time    Part-time    Voluntary    Military    Other (Specify)		
BEGINNING WAGE: \$ _____                      ENDING WAGE \$ _____		
YOUR POSITION/JOB TITLE:		
CO-WORKERS NAME:		
CO-WORKERS NAME:		
REASON FOR LEAVING:		

DATES	NAME & ADDRESS & TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME
From: ___/___/___ To: ___/___/___		
CIRCLE ONE:    Full-time    Part-time    Voluntary    Military    Other (Specify)		
BEGINNING WAGE: \$ _____                      ENDING WAGE \$ _____		
YOUR POSITION/JOB TITLE:		
CO-WORKERS NAME:		
CO-WORKERS NAME:		
REASON FOR LEAVING:		

## ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

DATES	NAME & ADDRESS & TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME
From: ___/___/___  To: ___/___/___		
CIRCLE ONE: Full-time   Part-time   Voluntary   Military   Other (Specify)		
BEGINNING WAGE: \$ _____      ENDING WAGE \$ _____		
YOUR POSITION/JOB TITLE:		
CO-WORKERS NAME:		
CO-WORKERS NAME:		
REASON FOR LEAVING:		

DATES	NAME & ADDRESS & TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME
From: ___/___/___  To: ___/___/___		
CIRCLE ONE: Full-time   Part-time   Voluntary   Military   Other (Specify)		
BEGINNING WAGE: \$ _____      ENDING WAGE \$ _____		
YOUR POSITION/JOB TITLE:		
CO-WORKERS NAME:		
CO-WORKERS NAME:		
REASON FOR LEAVING:		

DATES	NAME & ADDRESS & TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME
From: ___/___/___  To: ___/___/___		
CIRCLE ONE: Full-time   Part-time   Voluntary   Military   Other (Specify)		
BEGINNING WAGE: \$ _____      ENDING WAGE \$ _____		
YOUR POSITION/JOB TITLE:		
CO-WORKERS NAME:		
CO-WORKERS NAME:		
REASON FOR LEAVING:		

## ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

DATES	NAME & ADDRESS & TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME
From: ___/___/___ To: ___/___/___		
CIRCLE ONE: Full-time   Part-time   Voluntary   Military   Other (Specify)		
BEGINNING WAGE: \$ _____      ENDING WAGE \$ _____		
YOUR POSITION/JOB TITLE:		
CO-WORKERS NAME:		
CO-WORKERS NAME:		
REASON FOR LEAVING:		

DATES	NAME & ADDRESS & TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME
From: ___/___/___ To: ___/___/___		
CIRCLE ONE: Full-time   Part-time   Voluntary   Military   Other (Specify)		
BEGINNING WAGE: \$ _____      ENDING WAGE \$ _____		
YOUR POSITION/JOB TITLE:		
CO-WORKERS NAME:		
CO-WORKERS NAME:		
REASON FOR LEAVING:		

DATES	NAME & ADDRESS & TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME
From: ___/___/___ To: ___/___/___		
CIRCLE ONE: Full-time   Part-time   Voluntary   Military   Other (Specify)		
BEGINNING WAGE: \$ _____      ENDING WAGE \$ _____		
YOUR POSITION/JOB TITLE:		
CO-WORKERS NAME:		
CO-WORKERS NAME:		
REASON FOR LEAVING:		

## ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

DATES	NAME & ADDRESS & TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME
From: ___/___/___  To: ___/___/___		
CIRCLE ONE: Full-time   Part-time   Voluntary   Military   Other (Specify)		
BEGINNING WAGE: \$ _____      ENDING WAGE \$ _____		
YOUR POSITION/JOB TITLE:		
CO-WORKERS NAME:		
CO-WORKERS NAME:		
REASON FOR LEAVING:		

DATES	NAME & ADDRESS & TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME
From: ___/___/___  To: ___/___/___		
CIRCLE ONE: Full-time   Part-time   Voluntary   Military   Other (Specify)		
BEGINNING WAGE: \$ _____      ENDING WAGE \$ _____		
YOUR POSITION/JOB TITLE:		
CO-WORKERS NAME:		
CO-WORKERS NAME:		
REASON FOR LEAVING:		

DATES	NAME & ADDRESS & TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME
From: ___/___/___  To: ___/___/___		
CIRCLE ONE: Full-time   Part-time   Voluntary   Military   Other (Specify)		
BEGINNING WAGE: \$ _____      ENDING WAGE \$ _____		
YOUR POSITION/JOB TITLE:		
CO-WORKERS NAME:		
CO-WORKERS NAME:		
REASON FOR LEAVING:		

ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

**EMPLOYMENT** continued

19. Do you object, or would any problem result, if your present employer was contacted at this time? YES NO If Yes, explain here and to the investigator

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20. Have you ever been fired / terminated from any job or resigned in lieu of being fired? If yes, explain briefly and in detail to the background investigator. YES NO If Yes, explain here and to the investigator

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21. Have you ever been accused of theft, misappropriation, improper documentation, under-ringing or any similar situation by any employer? YES NO If Yes, explain here and to the investigator

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22. Have you had any extended absences from work for reasons other than vacations or approved leaves? If yes, explain briefly and in detail to the background investigator YES NO If Yes, explain here and to the investigator

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23. Have you ever been suspended from any job for disciplinary reasons? If yes, explain briefly and in detail to the background investigator. YES NO If Yes, explain here and to the investigator

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**ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT**

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

**APPLICATIONS TO OTHER POLICE AGENCIES**

24. List all police agencies with which you have applied for employment

In the columns below, list the following information: (Use additional pages if necessary.)

- A. Name of the police agency, including city and state
- B. Approximate date(s) of each testing cycle you applied for each agency.
- C. Is the testing still in progress? (YES/NO)
- D. Are you on this agency's eligibility list? (YES/NO) If you were on a list that is now expired, state so.
- E. If you failed any portion of the testing process, indicate which portion you failed. Additionally, if you were dropped from further consideration after a certain portion of the testing, list at what point you were dropped.

A. Agency	B. Date	C. Still in Progress?	D. On List?	E. Failed What? Dropped Where?

ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

**MILITARY SERVICE**

25. Are you registered with the Selective Service? YES NO

26. Have you ever served in the military? YES NO: Continue below:

Branch: \_\_\_\_\_ Service # \_\_\_\_\_

Dates of service: From \_\_\_\_\_ to \_\_\_\_\_

Type of discharge (be specific): \_\_\_\_\_

27. Are you currently serving in the military (including Reserves and National Guard)?  
YES NO Obligation ends \_\_\_\_\_

28. Have you ever been subject to any judicial or non-judicial discipline? This includes, but is not limited to: court martial, Article 15, Captain's Mast or any other violation of the Military Code of Conduct. If yes, explain briefly below and explain in detail to the background investigator.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Have you ever been:

a) rejected for service in the military? If yes, explain briefly below and explain in detail to the background investigator.

\_\_\_\_\_  
\_\_\_\_\_

b) barred from military enlistment or re-enlistment? If yes, explain briefly below and explain in detail to the background investigator.

\_\_\_\_\_  
\_\_\_\_\_

30. List all duty stations you served at in chronological order, beginning with the most recent: (attach additional sheets if there are more duty stations than allowed for on these two pages)

_____	_____	_____
Location	Unit	Your position
_____	_____	_____
From	To	Your rank
_____		
Other pertinent information about this duty station		

# ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

Location	Unit	Your position
From	To	Your rank
Other pertinent information about this duty station		

Location	Unit	Your position
From	To	Your rank
Other pertinent information about this duty station		

Location	Unit	Your position
From	To	Your rank
Other pertinent information about this duty station		

Location	Unit	Your position
From	To	Your rank
Other pertinent information about this duty station		

Location	Unit	Your position
From	To	Your rank
Other pertinent information about this duty station		

**ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT**

**FINANCIAL**

31. Have you ever filed for or declared bankruptcy? If yes, explain briefly (when, where and why) and explain in detail to the background investigator. YES NO- detail below

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32. Have you ever had any bills turned over to a collection agency? If yes, explain briefly and in detail to the background investigator. YES NO - detail below

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33. Have you ever had any purchased goods repossessed? If yes, explain briefly and in detail to the background investigator. YES NO - detail below

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34. Have your wages ever been garnisheed? If yes, explain briefly and in detail to the background investigator. YES NO - detail below

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35. Have you ever been delinquent on any tax payments? If yes, explain briefly and in detail to the background investigator. YES NO - detail below

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36. Are you now meeting all court-ordered support obligations that have been placed against you? YES NO - DETAILS BELOW N/A

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ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

**LEGAL**

37. If you have ever been arrested or convicted of any crime (other than traffic citations, provide the following information:

Approx. Date	Police Agency	Charge	Circumstances & Disposition

38. Have you ever been required to appear before any court for any alleged criminal act or omission? If yes, explain briefly and explain in detail to the background investigator.

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39. Have you ever been involved in any matter that may be covered by one or more of the following terms: conditional discharge; court supervision; release; parole; probation (or any similar wording)? If yes, write a brief summary below and explain in detail to the background investigator. YES NO - detail below

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**ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT**

40. Have you ever been a suspect in any criminal matter? If yes, explain briefly and in detail to the background investigator. YES NO - detail below

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41. Have you ever been detained or questioned by a police agency? If yes, explain briefly and in detail to the background investigator. YES NO - detail below

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42. Have you ever obtained or been served with an Order of Protection? If yes, explain briefly and in detail to the background investigator. YES NO - detail below

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43. Have you been a patient in a mental hospital within the last 5 years? If yes, explain briefly and in detail to the background investigator. YES NO - detail below

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44. Have you ever been the subject of a D.C.F.S. (Department of Children and Family Services, or similar agency) investigation? If yes, explain briefly and in detail to the background investigator. YES NO - detail below

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# ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

45. Have you ever been arrested for or convicted of any crime related to Domestic Violence? If yes, explain briefly and in detail to the background investigator. YES NO - detail below

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46. Have you ever been a member of, or in any way associated with, any street gang or any group that could be considered to be a street gang? If yes, explain briefly and in detail to the background investigator. YES NO - detail below

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47. Have you ever been involved as a plaintiff or defendant in any court action (been sued or sued someone)? If yes, explain briefly and in detail to the background investigator. YES NO- detail below

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48. Have you ever applied for a permit to carry a concealed weapon?      YES      NO
If yes, provide the below information:
Permit Granted:    YES    NO            DATE:
Name of agency where applications made (include state):
Reason for application:
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ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

MOTOR VEHICLE OPERATION

49. Your Illinois Driver's License Number \_\_\_\_\_

Classification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name under which license issued: \_\_\_\_\_

50. List all other states in which you have held a driver's license:

State	Name under which license was issued	License Number

51. Has any state ever refused to issue you a driver's license? YES NO - if yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

52. Have you ever had any driver's license suspended or revoked or have you ever been issued a Restricted Driving Permit or similar document? YES NO - if YES, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

53. Do you have any limitations or conditions that effect your ability to drive? YES -- NO if YES, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT

54. List all traffic citations you have received and the disposition:

Nature of violation	Appx. Date	City & State	Final disposition

55. If you have been involved in any motor vehicle accident within the last 5 years, list below:

Date:	Location:	Injury: YES NO
Police Investigate? No YES - if yes, which agency:		

Date:	Location:	Injury: YES NO
Police Investigate? No YES - if yes, which agency:		

Date:	Location:	Injury: YES NO
Police Investigate? No YES - if yes, which agency:		

Date:	Location:	Injury: YES NO
Police Investigate? No YES - if yes, which agency:		

Date:	Location:	Injury: YES NO
Police Investigate? No YES - if yes, which agency:		

Date:	Location:	Injury: YES NO
Police Investigate? No YES - if yes, which agency:		

**ROCKFORD POLICE DEPARTMENT - PERSONAL HISTORY STATEMENT**

56. Have you ever been refused insurance for any reason other than failure to pay a premium? YES / NO If Yes, explain below, including company name, address, date and reason:

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57. List any community, civic, volunteer or similar activities you have been involved in. Include names of organizations, approximate dates, duties, names of contact persons and other pertinent information. If none, state so.

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**SIGNATURE :**

I hereby certify that all statements made in this Personal History Statement are true and complete. I understand that any misstatements of material facts, or omissions, will subject me to immediate disqualification from this testing/application/hiring process. Further, should any misstatements or omissions not be determined until after I am hired as a Rockford Police Officer, I understand I will be subject to immediate dismissal.

\_\_\_\_\_  
Signature in full

\_\_\_\_\_  
date

**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: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #  
City State Zip Code

List all addresses at which you have resided in the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**Mail this request to:**  
Department of Children and Family Services  
406 E. Monroe – Station # 30  
Springfield, IL 62701

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

Please type, use bold letters or label:

Rockford Police Department  
Attn: DC, Lori Sweeney  
420 West State Street  
Rockford, IL 61101

(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)



**INDIVIDUAL CERTIFICATION FORM**  
(to be completed by prospective user of the report)

I certify that the consumer report on the individual(s) whose name(s) appear(s) below is being requested for the purpose checked off by me below, and for no other purpose, and that I am a duly authorized representative of the User on behalf of whom I request this report.

Consumer's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Spouse Name (if applicable): N/A Spouse SSN: N/A DOB: N/A  
ECO Code: Individual:  Joint:

Consumer's Address: \_\_\_\_\_  
Previous Address: \_\_\_\_\_

**Check One:**

- In connection with the extension of credit or review or collection of an account.
- For employment purposes, and User certifies: A clear and conspicuous disclosure is first made in writing to the consumer before the report is obtained, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes; The consumer has authorized in writing the procurement of the report; and Information from the PEER Report will not be used in violation of any applicable federal or state equal employment opportunity law or regulation. I further certify that before taking adverse action in whole or in part based on the PEER Report, it will provide the consumer: A copy of the PEER Report and copy of the consumer's rights, in the format approved by the FTC, which notice shall be supplied to User by Trans Union.
- In connection with the underwriting of insurance.
- In connection with determining the consumer's eligibility for a license or other benefit granted by User where User is required by law to consider the applicant's financial responsibility or status. [For Government Use Only]
- In connection with the establishment of an individual's capacity to make child support payments or determining the appropriate level of such payments, and I further certify: (a) the report is needed for such purpose; (b) the paternity of the consumer for the child to which the obligation relates has been established or acknowledged by the consumer in accordance with the state laws under which the obligation arises (if required by those laws); (c) I have provided at least 10 days prior notice to the consumer whose report is requested, by certified or registered mail to the last known address of the consumer, that the report will be requested; and (d) the report will be kept confidential, will be used solely for the purpose described herein, and will not be used in connection with any other civil, administrative, or criminal proceeding, or for any other purpose. [For Government Use Only]
- In connection with the administration of a state plan under Section 454 of the Social Security Act (42 USC 654) for use to set an initial or modified child support award. [For Government Use Only]
- In connection with business transaction initiated by the consumer; and the business purpose is:  
\_\_\_\_\_

End User's Full Name (if applicable): Investigator Tammy Kuczynski

I acknowledge that the FCRA provides that any person who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses shall be fined under Title 18, or imprisoned not more than two years, or both.

Requestor's Company Name: Rockford Police Department

Subscriber Code: V2050 Permissible Purpose Code: \_\_\_\_\_

By: T. Kuczynski Company Address: 420 W State St Rockford IL 61101  
(signature)

Print Name and Title: Tammy Kuczynski (Investigator-Recruiter)

Date: \_\_\_\_\_ Requestor's Phone No.: (815) 987-5838

Return Via: Fax  Mail  Fax w/ mail copy to follow  Requestor's Fax No: \_\_\_\_\_

**Social Security Administration**  
**Consent for Release of Information**

Form Approved  
OMB No. 0960-0566

Please read these instructions carefully before completing this form.

**When to Use  
This Form**

**Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor, or an insurance company).**

**Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:**

- **nonmedical records, should use this form.**
- **medical records, should not use this form, but should contact us.**

**Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F3. You can get this form at any Social Security office.**

**How to  
Complete  
This Form**

**This consent form must be completed and signed only by:**

- **the person to whom the information or record applies, or**
- **the parent or legal guardian of a minor to whom the nonmedical information applies, or**
- **the legal guardian of a legally incompetent adult to whom the information applies.**

**To complete this form:**

- **Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.**
- **Fill in the name and address of the individual or group to which we will send the information.**
- **Fill in the reason you are requesting the information.**
- **Check the type(s) of information you want us to release.**
- **Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.**

**PAPERWORK REDUCTION ACT:** This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 3 minutes to read the instructions, gather the necessary facts, and answer the questions.

**Social Security Administration**  
**Consent for Release of Information**

**TO:** Social Security Administration

Name	Date of Birth	Social Security Number
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I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
ROCKFORD POLICE RECRUITING UNIT	
INVESTIGATOR TAMMY KUZYNSKI	ROCKFORD POLICE DEPARTMENT
INVESTIGATOR MATT KRANTZ	420 W STATE ST
	ROCKFORD IL 61101

I want this information released because:

BACKGROUND CHECK INFORMATION - REQUIRED FOR EMPLOYMENT  
(There may be a charge for releasing information.)

Please release the following information:

- Social Security Number
- Identifying information (includes date and place of birth, parents' names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security Income payment amount
- Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_
- Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_  
(specify) \_\_\_\_\_
- Medical records
- Record(s) from my file (specify) \_\_\_\_\_

\* Other (specify) EMPLOYER'S NAME AND DATES EMPLOYED FROM FIRST JOB TO PRESENT.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_  
(Show signatures, names, and addresses of two people if signed by mark.)

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

RELEASE OF RECORDS AND INFORMATION

NAME \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize and request that you release and furnish to any duly authorized agent, officer, or employee of the City of Rockford, any and all records, documents, or information you have in your possession or control pertaining to my: employment, credit record, education, medical history, military record, and/or criminal history.

This release is executed for the official use by the City of Rockford of these records or information. You are requested not to furnish such information to any other person or organization without written authorization from me.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Rockford Police Department. I understand that all materials pertaining to this background investigation become the property of the City of Rockford and will not be returned or released to me. I further understand that sources of confidential information cannot be revealed to me.

I hereby release any person or persons, providing or receiving such information from any and all liability for damages of whatever kind resulting to me, my heirs, or assigns.

A photocopy of the Authorization shall be valid as the original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
Signature

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
Notary Public