

# Ainad Temple Provost Guard Membership Petition



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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Ainad Membership No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Occupation or Profession: \_\_\_\_\_

Are you a member of an Ainad Unit?  Yes or  No If yes, what unit(s): \_\_\_\_\_

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Petitioning for:  Patrolman or  Radioman

The undersigned specifically authorizes and directs disclosure by any person or entity of any information relating to the foregoing applicant, which is considered necessary by the unit to obtain a background check on the applicant. This authorization shall extend to whomever it is presented to with a request for such information.

Signature: \_\_\_\_\_

Mail to:

Ainad Temple Att: Provost Gaurd 609 St. Louis Ave., East St. Louis, IL 62201-2927

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Recommended by Provost Members: \_\_\_\_\_

Investigating committee comments:

Recommended by Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Provost Guard Unit:  Candidate Accepted  Candidate Rejected Date: \_\_\_\_\_