

**DEWITT COUNTY SHERIFF'S OFFICE
101 WEST WASHINGTON STREET
CLINTON, IL 61727
217-935-9507**

EMPLOYMENT APPLICATION

- 1) NAME: (Last) _____ (First) _____ (M.I.) _____
- 2) ADDRESS (Current) _____
- 3) CITY _____ STATE _____ ZIP CODE _____ - _____
- 4) SOCIAL SECURITY NUMBER _____ - _____ - _____
- 5) SEX: M or F (Circle)
- 6) HEIGHT: _____ WEIGHT: _____
- 7) TELEPHONE: () - (Home)
 () - (Cell)
 () - (Work)
 _____ (E-mail Address)
- 8) VALID DRIVERS LICENSE NUMBER: _____
STATE OF ORIGIN: _____
- 9) Are you able to satisfy the job requirements for the position to which you are applying?
Yes _____ No _____
- 10) Can you perform the essential functions of the job with or without reasonable accommodations? (See Attachment A)
Yes _____ No _____
- 11) Have you ever been discharged from a position? Yes _____ No _____
If yes, describe in detail and reasons surround dismissal.

12) May we contact your previous employers? Yes____ No____
If no, state why. _____

13) EDUCATION

NAME OF SCHOOL	LOCATION	YEARS ATTENDED	DIPLOMA RECEIVED YES/NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14) CHARACTER REFERENCE

(Do not include relatives or persons living outside the United States or its territories.)

Name	Company	Address	Phone	Relationship to Reference
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____

15) FAMILY

(List in order given: spouse (include wife's maiden name), children, parents, guardians, step parents, brothers and sisters.)

NAME: (LAST) _____ (FIRST) _____ (M.I.) _____
ADDRESS: _____
CITY/STATE: _____
RELATIONSHIP: _____
PLACE OF BIRTH: _____

NAME: (LAST) _____ (FIRST) _____ (M.I.) _____
ADDRESS: _____
CITY/STATE: _____
RELATIONSHIP: _____
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NAME: (LAST) _____ (FIRST) _____ (M.I.) _____
ADDRESS: _____
CITY/STATE: _____
RELATIONSHIP: _____
PLACE OF BIRTH: _____

NAME: (LAST) _____ (FIRST) _____ (M.I.) _____
ADDRESS: _____
CITY/STATE: _____
RELATIONSHIP: _____
PLACE OF BIRTH: _____

16) Can you operate a computer? Yes _____ No _____

17) Do you have any other special training, experience, or ability which you think would be of value to this office? If so, please describe below. (Attach Sheets if Necessary)

18) EMPLOYMENT RECORD – START WITH MOST RECENT

Name of Employer: _____
Address: _____
City/State: _____
Telephone Number: _____
From: _____ To: _____
Total Time: Years _____ Months _____
Job Title: _____
Description of Duties: _____

Reason for Leaving: _____
Beginning Salary _____ Ending Salary _____
Immediate Supervisor: _____

Name of Employer: _____
Address: _____
City/State: _____
Telephone Number: _____
From: _____ To: _____
Total Time: Years _____ Months _____
Job Title: _____
Description of Duties: _____

Reason for Leaving: _____
Beginning Salary _____ Ending Salary _____
Immediate Supervisor: _____

Name of Employer: _____
Address: _____
City/State: _____
Telephone Number: _____
From: _____ To: _____
Total Time: Years _____ Months _____
Job Title: _____
Description of Duties: _____

Reason for Leaving: _____
Beginning Salary _____ Ending Salary _____
Immediate Supervisor: _____

Name of Employer: _____
Address: _____
City/State: _____
Telephone Number: _____
From: _____ To: _____
Total Time: Years _____ Months _____
Job Title: _____
Description of Duties: _____

Reason for Leaving: _____
Beginning Salary _____ Ending Salary _____
Immediate Supervisor: _____

- 19) Do you give permission to the Sheriff's Office to conduct a background check as part of you employment application?
Yes _____ No _____
- 20) Have you or your spouse ever been party to small claims court, civil judgment, or other court action?
Yes _____ No _____
- 21) Do you currently have any outstanding judgments against you? Yes _____ No _____
- 22) If yes to numbers 20 through 21, describe in detail below.

23) RESIDENCES: List all residences for the past ten (10) years, starting with present.
From: _____ To: _____
Address: _____
City/State: _____

From: _____ To: _____
Address: _____
City/State: _____

From: _____ To: _____
Address: _____
City/State: _____

From: _____ To: _____
Address: _____
City/State: _____

From: _____ To: _____
Address: _____
City/State: _____

From: _____ To: _____
Address: _____
City/State: _____

From: _____ To: _____
Address: _____
City/State: _____

- 24) **MILITARY RECORD: (If applicable)**
- a) Military Service (WW2, Korea, Vietnam, Desert Storm, Etc...)

 - b) Branch of Military (Navy, Army, Marine, Etc...)

 - c) Highest Rank Held: _____
 - d) Dates Active: From: _____ To: _____
 - e) Type Discharge and Rank: _____
 - f) Attached DD214 if applicable.

25) Are you legally authorized to work in the United States?
Yes _____ No _____

26) Are you willing to take an oath to support and defend the Constitution of the United States and the Constitution of the State of Illinois?
Yes _____ No _____

- 27) By signing this application, I authorize the DeWitt County Sheriff's Office to verify the information contained in this application and to contact the references I have listed as well as any current or former employers that I have identified (unless otherwise indicated). By signing this application, I certify that the information that I have provided is true and complete. I understand that deliberate falsifications, omissions or misrepresentations will result in rejection of this application, or if I am hired, may result in discipline up to and including termination

Signature

Date

Please Attach Photocopy of Drivers License:

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the DeWitt County Sheriff's Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever files; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

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 DeWitt County Sheriff's Department. 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 said person (s) for any and all liability which may be insured as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Dated this _____ day of _____, 20_____.

SIGNATURE (INCLUDING MAIDEN NAME)

ADDRESS: _____

SSN: _____

PHONE: _____

DATE OF BIRTH: _____

WITNESS:

ADDRESS

PHONE NUMBER

Screening Checklist for DeWitt County Public Safety Applicants

Date: _____

Name: _____
 First Middle Last SS# _____

Please read the following checklist and indicate your response by circling Yes or No. **Place your initials next to your response.** By initialing, you verify that you have read and understand the information asked of you.

If you have any questions or do not understand the “application process”, please contact the Chief Deputy at 217-935-9507, during business hours.

I am willing to undergo a comprehensive background investigation, including contacts with all references, employers, co-workers, close personal associates, etc., and review of my driving record, credit history, criminal history, and service in the military as well as undergo a pre-employment polygraph, psychological evaluation, physical examination, and an urinalysis drug test.

Yes or No _____

Disqualifications

I am aware that refusal to submit to a polygraph or urinalysis. Examination is grounds for *disqualification* from the process.

Yes or No _____

Have you ever:

- 1. Been convicted of a felony charge or theft? Yes or No _____
- 2. Used any illegal drugs in the last 2 years? Yes or No _____
- 3. Used Marijuana within the last seven years? Yes or No _____
- 4. Used Heroin, LSD, PCP or Acid? Yes or No _____
- 5. Any illegal use of Steroids? Yes or No _____
- 6. Been arrested for DWI or DUI in the last 3 years? Yes or No _____
- 7. Sold any illegal drugs at any time in your life? Yes or No _____
- 8. Omitted, misstated or falsely stated any information, In writing or orally to any potential employers? Yes or No _____
- 9. Been convicted, entered a guilty plea or been given Probation Before Judgment for any Assault that occurred In a domestic setting? Yes or No _____
- 10. Have you ever been the respondent of an Order of Protection? Yes or No _____

WARNING: ANY INTENTIONAL FALSE STATEMENT IN THIS DOCUMENT OR WILLFUL MISREPRESENTATIVE WILL RESULT IN DISQUALIFICATION FROM THE APPLICATION PROCESS. IF THE MISREPRESENTATION IS DISCOVERED AFTER HIRING, YOU MAY BE SUBJECT TO INQUIRY AND SUITABLE ADMINISTRATIVE OR DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT ENTITLED “SCREENING CHECKLIST FOR DEWITT COUNTY PUBLIC SAFETY APPLICANTS” AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DECLARATIONS MADE BY ME ON THIS FORM ARE TRUE.

Applicant’s Signature: _____ Date: _____

Applicant’s Social Security #: _____