

Sangamon County Sheriff's Office Application For Employment

APPLICANTS BEING CONSIDERED FOR EMPLOYMENT WILL BE REQUIRED TO UNDERGO AN EXTENSIVE BACKGROUND INVESTIGATION, DRUG TESTING AND PSYCHOLOGICAL TESTING AS PART OF THE PRE-EMPLOYMENT SCREENING PROCESS.

IF YOU CURRENTLY LIVE IN ANOTHER COUNTY, YOU ARE REQUIRED TO MOVE INTO SANGAMON COUNTY WITHIN SIX (6) MONTHS OF EMPLOYMENT.

PLEASE READ THE FOLLOWING INSTRUCTIONS AND GUIDELINES CAREFULLY BEFORE COMPLETING YOUR APPLICATION. IF ANY OF THE FOLLOWING ARE NOT ADHERED TO, CONSIDERATION MAY NOT BE MADE FOR ANY POSITION.

1. Print clearly in ink or use typewriter. Do not allow another person to complete your application.
2. Be sure to indicate all positions for which you want to be considered. You may apply for more than one position on a single application. DO NOT complete a separate application for each position you are interested in.

Mandatory Attachments:

1. Copy of social security card or verification from the Social Security Administration a new card is applied for.
2. Copy of birth certificate
3. Copy of driver's license.
4. Sealed copy of all college transcripts (if applicable)
5. Copy of Military DD214. (if applicable)
6. Copy of any and all relevant training certificates. (if applicable)
7. Letters of recommendation.

The following is a list of positions and brief descriptions for which you can apply at any time.

1. Court Security Officer: County Building entry screening and courtroom and/or judge security. Accompanies juvenile offenders to court. May have to transport to and from other counties within Illinois.
2. Clerical: Qualifications vary with each position. Basic office skills, computer entry, typing, bookkeeping, and/or shorthand helpful but not necessary.
3. Jail Cook: Cook meals for up to 314 inmates plus Correctional Staff. Must be available to work any shift, any day of the week.

Additional Requirements: Must have previous experience in cooking full meals in large quantities (fast food experience not applicable).

SANGAMON COUNTY

SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT



Date of Application: _____

Position(s) Desired: _____

Full Legal Name: _____
Last First Middle Birth Name (If applicable)

List any other names or aliases you have been known by and give reasons for each.

Street Address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Length of time at street address? _____ Length of time at mailing address? _____

Home telephone number: (_____) _____

Work telephone number: (_____) _____

May we contact you at your current place of employment? _____

E-Mail Address (optional): _____

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
FOR USE BY AUTHORIZED PERSONNEL OF THE
SANGAMON COUNTY SHERIFF'S OFFICE**

I, _____, do hereby authorize a review of and full disclosure
(PRINT FULL NAME)

of all records concerning myself to any duly authorized personnel of the Sangamon County Sheriff's Office, 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 filed; efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law or 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 with the Sangamon County Sheriff's Office. 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) from any and all liability which may be incurred as a result of furnishing such information. I further release Sangamon County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

I also understand this authorization to furnish information is executed in consideration of the Sangamon County Deputy Merit Commission.

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".

Witness Signature (required)

Signature (include maiden name)

Date

Date

SSN

Witness (PRINT)

Address

City/State/Zip

List your former addresses for the last ten (10) years or back to your 18th birthday:

Street Address	City	State	Zip Code	County	Length of Residency
Street Address	City	State	Zip Code	County	Length of Residency
Street Address	City	State	Zip Code	County	Length of Residency
Street Address	City	State	Zip Code	County	Length of Residency

MEDICAL HISTORY SECTION

1. Do you use or have you ever used any narcotics or controlled substances not prescribed by a physician or other medical personnel? Yes ____ No ____ If yes, explain in detail below:

2. List any scars, marks or tattoos and where they are located. _____

EDUCATION SECTION

3. List below all other formal education beyond high school, including training courses:

4. List any special skills, professional licenses, or certifications you have or have held that would be beneficial to the position for which you have applied.

MILITARY SERVICE SECTION

5. (A) Branch: _____
(B) Date of Entry: _____
(C) Highest Rank Held: _____
(D) Serial Number: _____
(E) Separation Date: _____
(F) Rank at Discharge: _____
(G) Type of Discharge: _____
6. List any awards or medals you received while serving in the Armed Forces: _____

7. What is your present Selective Service Classification or rating, if applicable? _____

FINANCIAL INFORMATION SECTION

8. Besides your present employment, list any other source(s) of income you now have below:

EMPLOYMENT INFORMATION SECTION

9. Have you ever been employed by Sangamon County? Yes No
If yes, provide the following information:
- | | |
|------------------------|--------------------------|
| Department Employed By | Position Held |
| Date Hired | Date Terminated/Resigned |
10. If previously employed by Sangamon County, were you using a different name or alias at the time?

Yes _____ No _____ If yes, provide your previous name or alias:

Start with your current employment. List all full-time, part-time, seasonal, and military positions held over the last ten (10) years or since your 18th birthday. Also list periods of unemployment showing dates and reasons for unemployment.

11. Employer: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
Dates Employed: _____ / _____
From Month/Year To Month/Year
Type of Business: _____ Job Title: _____
Name and Title of Immediate Supervisor: _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Description of Duties: _____
Reason for Leaving: _____

12. Employer: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
Dates Employed: _____ / _____
From Month/Year To Month/Year
Type of Business: _____ Job Title: _____
Name and Title of Immediate Supervisor: _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Description of Duties: _____
Reason for Leaving: _____

13. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Dates Employed: _____ / _____
From Month/Year To Month/Year

Type of Business: _____ Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Description of Duties: _____

Reason for Leaving: _____

14. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Dates Employed: _____ / _____
From Month/Year To Month/Year

Type of Business: _____ Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Description of Duties: _____

Reason for Leaving: _____

15. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Dates Employed: _____ / _____
From Month/Year To Month/Year

Type of Business: _____ Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Description of Duties: _____

Reason for Leaving: _____

16. Were you ever discharged or asked to resign due to misconduct or unsatisfactory service, or while under investigation? Yes No If yes, explain in detail below:

(Include names and addresses of employers) _____

17. Are you now or have you ever been engaged in any business as a sole owner, partner, or corporate member (active or silent)? Yes No If yes, explain in detail below:

18. Have you previously submitted an employment application to any law enforcement agency? Yes No
If yes, provide the following the information:

Agency Name and address: _____

Date of application: _____

Name used at the time application was submitted (if different): _____

.....
Agency Name and address: _____

Date of application: _____

Name used at the time application was submitted (if different): _____

CRIMINAL HISTORY SECTION

19. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, and /or convicted of any misdemeanor or felony offense in Illinois or any other state or legal jurisdiction? Include municipal ordinance violations or citations, but **do not include traffic violations**. Deputy, Correctional Officer and Court Security Officer applicants must include all supervisions and expungements (to include any juvenile arrests).

Yes _____

No _____

If yes, provide the following information:

Date: _____

City _____ State _____ County _____

Law Enforcement Agency Involved: _____

_____/_____
Crime Charged Disposition of Case, Including Sentence

Date: _____

City _____ State _____ County _____

Law Enforcement Agency Involved: _____

_____/_____
Crime Charged Disposition of Case, Including Sentence

Date: _____

City _____ State _____ County _____

Law Enforcement Agency Involved: _____

_____/_____
Crime Charged Disposition of Case, Including Sentence

20. Are you currently on Probation or Parole?

Yes _____ No _____ If yes, provide the following information

Date: _____

City _____ State _____ County _____

Law Enforcement Agency Involved: _____

_____/_____
Crime Charged Disposition of Case, Including Sentence

REFERENCE SECTION

21. Provide all of the following information requested for three (3) references. Do not include relatives.

Name: _____ Years Known: _____

County: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Employed Where: _____

22. Name: _____ Years Known: _____

County: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Employed Where: _____

23. Name: _____ Years Known: _____

County: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Employed Where: _____

SANGAMON COUNTY SHERIFF'S OFFICE

I hereby certify that there are no willful misrepresentations, omissions, or false statements made by me in this Personal History Questionnaire; and all of my answers are true and correct to the best of my knowledge and belief. To the best of my knowledge and belief, this Personal History Questionnaire is entirely complete as submitted.

Copies of a Personal History Questionnaire, background investigation, or psychological screening shall not be circulated to a candidate or employee, nor will they be released unless required pursuant to court action.

I also understand that any misrepresentations, omissions, false statements, or failure to entirely complete the Personal History Questionnaire will immediately deny me from further consideration for any position with the Sangamon County Sheriff's Office.

Applicant's Signature in Full

Date



The following MUST be taken before a NOTARY PUBLIC:

I, _____, the undersigned, a legal resident
Name

of _____, in the
Street Address

City of _____, and the State of _____, do
declare that I am the person described in the foregoing Personal History Questionnaire; and
attachments thereto, and that all the statements contained in said answers are true to the best of my
knowledge and belief.

Signature

Sworn to and subscribed to before me this _____ day of _____

20____ in the County of _____, and the State of _____.

(OFFICIAL SEAL)

NOTARY PUBLIC