

# Sangamon County Sheriff's Office Application For Employment

**APPLICATIONS FOR DEPUTY SHERIFF AND/OR CORRECTIONAL OFFICER CANNOT BE ACCEPTED AT THIS TIME.**

APPLICANTS BEING CONSIDERED FOR EMPLOYMENT WILL BE REQUIRED TO UNDERGO AN EXTENSIVE BACKGROUND INVESTIGATION AND DRUG 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.

ALL positions require the following attached to your completed application:

1. Copy of social security card or verification from the Social Security Administration a new card is applied for.

Optional Attachments:

1. Copy of any and all relevant training certificates.
2. Letters of recommendation.
3. Copy of Military DD214.

***CIVILIAN POSITIONS LISTED BELOW***

The following is a list of positions and brief descriptions for which you can apply at any time. Requirements not listed on the cover page are indicated.

1. Control Room Operator: Closely monitor inmate activities and be capable of quick response in emergency situations. Open and close security passages to allow movement of officers and inmates through remote computer control. No direct contact with prisoners required. Must be available to work any shift, any day of the week.
2. Court Security Officer: County Building entry screening and courtroom and/or judge security.
3. Clerical: Qualifications vary with each position. Basic office skills, computer entry, typing, bookkeeping, and/or shorthand helpful but not necessary.
4. Juvenile Transport Officer: Accompanies juvenile offenders to court. May have to transport to and from other counties within Illinois.
5. Jail Cook: Cook meals for up to 325 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***



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.

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Street Address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Length of time at street address? \_\_\_\_\_ Length of time at mailing address? \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

\_\_\_\_\_  
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 18<sup>th</sup> birthday:

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Street Address	City	State	Zip Code	County	Length of Residency
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Street Address	City	State	Zip Code	County	Length of Residency
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Street Address	City	State	Zip Code	County	Length of Residency
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Street Address	City	State	Zip Code	County	Length of Residency
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### **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:

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### **EDUCATION SECTION**

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

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3. 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.

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**MILITARY SERVICE SECTION**

- 4. (A) Branch: \_\_\_\_\_
  - (B) Date of Entry: \_\_\_\_\_
  - (C) Highest Rank Held: \_\_\_\_\_
  - (D) Serial Number: \_\_\_\_\_
  - (E) Separation Date: \_\_\_\_\_
  - (F) Rank at Discharge: \_\_\_\_\_
  - (G) Type of Discharge: \_\_\_\_\_
5. List any awards or medals you received while serving in the Armed Forces: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What is your present Selective Service Classification or rating, if applicable? \_\_\_\_\_

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**FINANCIAL INFORMATION SECTION**

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

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**EMPLOYMENT INFORMATION SECTION**

8. 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 |

9. 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 18<sup>th</sup> birthday. Also list periods of unemployment showing dates and reasons for unemployment.**

10. 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: \_\_\_\_\_

\_\_\_\_\_

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. 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) \_\_\_\_\_

16. 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:

17. 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): \_\_\_\_\_

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Agency Name and address: \_\_\_\_\_

Date of application: \_\_\_\_\_

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

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### **CRIMINAL HISTORY SECTION**

18. Have you ever been convicted for a criminal offense or DUI, other than traffic violations?  
Yes                      No                      If yes, provide the following information:

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
County

Law Enforcement Agency Involved: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Crime Charged Disposition of Case

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

\_\_\_\_\_  
City State County

Law Enforcement Agency Involved: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Crime Charged Disposition of Case

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

\_\_\_\_\_  
City State County

Law Enforcement Agency Involved: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Crime Charged Disposition of Case

19. Are there any warrants (traffic or otherwise) now pending against you?      Yes      No  
 If yes, explain in detail below:

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

**REFERENCE SECTION**

20. 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: \_\_\_\_\_

21. 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: \_\_\_\_\_



**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

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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