Application for Employment

Bureau County Sheriff's Office

Position Desired:

_____

Full Legal Name: _____ Maiden Name: _____
Last, First, Middle

Street Address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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

Date of Birth: _____ Present Age: _____

Social Security Number: _____

Drivers License Number: _____ State: _____

Home telephone number: _____

Cellular telephone number: _____

Work telephone number: _____

E-Mail Address (optional): _____

CONSENT AND RELEASE FOR BACKGROUND INFORMATION
FOR USE BY AUTHORIZED PERSONNEL OF THE
BUREAU COUNTY SHERIFF'S OFFICE

I, _____, acknowledge that I am seeking employment in a
Print Full Name
safety-sensitive field and that establishing my employment eligibility requires a thorough investigation into my background and character.

Furthermore, I acknowledge and agree that as a conditions of being considered for employment with the Bureau county Sheriff's Office, or for maintaining my continued employment with the employer, it is required that I consent to a complete and thorough investigation of my background to determine whether I am suitable candidate for the position of Deputy Sheriff with the Bureau county sheriff's Office.

Mandatory Background Investigation

I, authorize the Bureau County Sheriff's Office to conduct a background investigation of me, which shall include, but shall not be limited to, 1) a review of my complete employment history, 2) a review of my complete criminal history, 3) a review of driving records, 4) a background check with the Department of Children and Family Services, 5) interviews with my personal references, 6) a review of all internal investigation files from any previous employers, 7) a verification of academic credentials and licenses, 8) a review of my military service history, if any, and 9) a review of Illinois Law Enforcement Training and Standards Board's records and misconduct data base.

Credit Check

I hereby consent to the Bureau County sheriff's Office obtaining and reviewing any credit and consumer reports, as permitted under the federal Fair Credit Reporting Act and local or state credit privacy laws, if applicable. I understand that the Fair Credit Reporting Act, 15 (J.S.C. 1681, et seq., authorizes me to request a copy of any consumer credit report from the consumer reporting agency that compiled the report.

Consent to Release Information

I hereby consent to the release of all employment records, including, but not limited to: 1) job applications, 2) personnel files, 3) internal investigations, 4) separation agreements, 5) pre¬ employment evaluations, 6) tests, 7) questionnaires, 8) fitness-for-duty examinations, 9) any other information obtained about me by the entity to whom this consent is presented.

Consent to Required Interviews and Evaluations

I further agree to participate in a personal interview, testing process, polygraph examination, post offer psychological evaluation and medical evaluation, or any combination of those examinations or tests, as determined by the employer.

Confidentiality

All information obtained by the employer under this background investigation shall be confidential and safeguarded against disclosure to all unauthorized persons as required by law. However, nothing prevents the employer from using information obtained to evaluate my suitability for employment. I specifically consent to the disclosure of information that may be covered by a settlement agreement or other confidentiality provision entered into with my former employers, and I waive any rights to enforce any prior confidentiality agreement against my former employer about this disclosure.

Waiver of Privacy

I waive any right or claim of privacy in such information and consent to the disclosure of information that may be exempt from disclosure by the law. I waive any right I may have to be notified by any individuals and organizations named in my application for employment before the release of any information to the employer, including the release of information concerning any disciplinary action taken against me by former employers.

Indemnification

In exchange for this release of all my personnel information, I, agree to release, discharge, and hold harmless any person, firm, or entity and their employees and agents that disclose information in response to receipt of this consent, from liability for all claims, liabilities, causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to the disclosure of any personal information as described above. I further release and hold harmless the employer and the employer's respective personnel, employees, and agents from any liability resulting from or in connection with, the results of this background investigation concerning my fitness for employment or continued employment at Bureau County Sheriff's Office or the decision to hire me, not hire me, or retain me in my position.

I certify that I have read, understand, and agree to the terms and conditions set forth in this document and that this is a complete waiver under Section 10 of Employment Records Disclosure Act. (745 ILCS 46/10)

Witness Signature	Date
Witness Printed Name	
Signature	Date
Printed Name	SSN

PERSONAL HISTORY

1. List your former addresses for the last ten (10) years:

Years of residence, Street Address, City, State, Zip Code

Years of residence, Street Address, City, State, Zip Code

Years of residence, Street Address, City, State, Zip Code

2. Are you a U.S. Citizen? Yes ☐ No ☐ If Yes: Native ☐ Naturalized ☐

Note: If naturalized, please attach copies of all appropriate documentation.

3. List any scars, birthmarks, blemishes, tattoos, deformities, or amputations and their locations:

4. Are you: Single ☐ Married ☐

5. If married, Spouse's Full Name:

First Name, MI, Last Name (Maiden)

Spouse's Place of Employment

Employer's Address City, State, Zip Code

6. Alimony or separate maintenance $_____Child Support amount $_____

7. Have you ever been delinquent on child support payments? Yes ☐ No ☐

8. List all dependents and their dates of birth. If none, list immediate family member(s) other than your spouse: (e.g.; mother, father, brother, sister)

Name, Address, Birth Date, Relationship

Name, Address, Birth Date, Relationship

Name, Address, Birth Date, Relationship

MEDICAL HISTORY

9. Do you have any mental or physical condition(s) that would affect your ability to perform certain duties?

Yes____ No____ If yes, explain in detail: _____

10. 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:

_____

_____

_____

11. Have you ever undergone treatment or sought counseling for an alcohol or drug-related problem?

Yes ☐ No ☐ If yes, explain in detail below:

_____

_____

12. What are the name(s) and address(s) of your family, personal or treating physician?

_____
Full Name, Title

_____
Street Address, City, State, Zip Code

_____
Full Name, Title

_____
Street Address, City, State, Zip Code

EDUCATION

13.

Name and Address of School (Include City and State)	Years Completed	Dates Attended	Graduate	Degree(s) Attained
High School			Yes/No	
College or University			Yes/No	
Business College			Yes/No	
Extension or Correspondence Courses			Yes/No	

14. List below all other formal education beyond high school not otherwise listed above, including any training that you wish the reviewing officer(s) to consider:

_____

_____

15. List any special skills that are not listed above, professional licenses, or certifications that you wish the reviewing officer(s) to consider:

_____

_____

_____

16. Do you speak, read, or write any foreign language(s)? ☐ Yes ☐ No If yes, explain:

_____
Language / How Proficient?

_____
Language / How Proficient?

MILITARY SERVICE

17. Branch: _____
Date of Entry: _____
Highest Rank Held: _____
Identification Number: _____
Separation Date:_____ Reserve Status: _____
Rank at Discharge: _____
Type/Classification of Discharge: _____

18. Were you the subject of disciplinary action during your military service? ☐ Yes ☐ No
If yes, explain in detail: _____

_____

19. List all military service recognition awards: _____

_____

20. Have you ever volunteered or been employed by a foreign government or private business in a foreign country in any capacity? ☐ Yes ☐ No
If yes, explain in detail: _____

_____

_____

21. Have you ever received a deferment from military service? ☐ Yes ☐ No
If yes, provide the reason for Deferment: _____

22. Have you ever been discharged from military service for physical, mental or other medical reason? Yes No
If yes, explain in detail: _____

_____

_____

23. What is your present selective service status (circle all that apply)?

Registered ☐ Unregistered ☐ Eligible ☐

FINANCIAL INFORMATION

24. What is your total amount of monthly payments for indebtedness (including, but not limited to: rent, utilities, mortgage payments, auto, insurance, alimony, child support, etc.): $_____

25. How many people are dependent on you for financial support? _____

26. Have you ever had any property, including automobiles, repossessed? ☐ Yes ☐ No
If yes, explain in detail:

_____

_____

_____

27. Have you ever filed for bankruptcy? ☐ Yes ☐ No If yes, provide the following information:

(A) Date filed: _____

(B) Court Number: _____

(C) Give reason in detail: _____

_____

_____

28. Have you ever had your wages attached or garnished? ☐ Yes ☐ No
If yes, provide the following information:

(A) Date filed: _____

(B) Court Number: _____

(C) Give reason in detail: _____

_____

29. Are you now or have you ever been a party to any court action in regards to a financial matter?

Yes ☐ No ☐ If yes, explain in detail: _____

_____

30. Have you ever been refused a bond? ☐ Yes ☐ No If yes, explain below:

_____

_____

31. Have you ever been denied any kind of insurance or had any kind of insurance policy canceled?

Yes☐ No☐ If yes, explain in detail:

_____

_____

32. If employed by the Bureau County Sheriff, will you be receiving income from any other source?

Yes☐ No☐ If yes, explain in detail: _____

_____

_____

33. Besides your present employment, list any other source(s) of income below:

_____

_____

_____

34. List the banks where you currently have accounts:

Name of Bank:

_____

Address:

_____

Type of Account:

_____

Name of Bank:

_____

Address:

_____

Type of Account:

_____

Name of Bank:

_____

Address:

_____

Type of Account:

_____

EMPLOYMENT INFORMATION SECTION

35. Have you ever been employed by Bureau County? ☐ Yes ☐ No

If yes, in what capacity? _____

Department head? _____

Date of employment? _____ Date of departure? _____

36. If previously employed by Bureau County, were you employed under another name? ☐ Yes ☐ No

If yes, provide your previous name: _____

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 eighteenth birthday. Also list periods of unemployment showing dates and reasons for unemployment.

37. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip:_____

Dates Employed: _____/___

Type of Business: _____

Position or Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: $_____ Ending Salary: $_____

Description of Duties: _____

_____

Reason for Leaving: _____

_____

38. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip:_____

Dates Employed: _____/___

Type of Business: _____

Position or Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: $_____ Ending Salary: $_____

Description of Duties: _____

_____

Reason for Leaving: _____

_____

39. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip:_____

Dates Employed: _____/___

Type of Business: _____

Position or Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: $_____ Ending Salary: $_____

Description of Duties: _____

_____

Reason for Leaving: _____

_____

40. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip:_____

Dates Employed: _____/___

Type of Business: _____

Position or Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: $_____ Ending Salary: $_____

Description of Duties: _____

_____

Reason for Leaving: _____

_____

41. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip:_____

Dates Employed: _____/___

Type of Business: _____

Position or Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: $_____ Ending Salary: $_____

Description of Duties: _____

_____

Reason for Leaving: _____

_____

42. 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:

_____

_____

_____

43. Have you ever received any disciplinary action from your present or past employer (not including military service)? ☐ Yes ☐ No If yes, provide the following information:

Name of Employer: _____

Reason for and type of disciplinary action: _____

_____

Name of Employer: _____

Reason for and type of disciplinary action: _____

_____

44. 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:

_____

_____

45. 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): _____

VEHICLE INFORMATION

46. Can you operate a motor vehicle? ☐ Yes ☐ No

47. Do you possess a valid driver's license? ☐ Yes ☐ No

If yes, provide the following information:

Driver's License Number State of Issue: _____

48. Have you ever been refused a license by any state? ☐ Yes ☐ No

If yes, explain in detail: _____
_____

49. Have you ever had your license suspended or revoked? ☐ Yes ☐ No

If yes, explain in detail: _____
_____

50. Have you ever had a restricted driving permit or license? ☐ Yes ☐ No

If yes, explain in detail: _____
_____

51. List all convictions for traffic violations, including "supervision" that you have received in the past five (5) years. Do not include parking violations.

(A) Date of violation: _____
Month Year

(B) Charge: _____

(C) Law Enforcement Agency Involved: _____

(D) Penalty: _____

(A) Date of violation: _____
Month Year

(B) Charge: _____

(C) Law Enforcement Agency Involved: _____

(D) Penalty: _____

CRIMINAL HISTORY

52. Have you ever been arrested or convicted of a criminal offense or DUI?

Yes ☐ No ☐ If yes, provide the following information:

Date: _____
_____
City, State, County

Arresting Agency: _____

What Was The Charge?
_____
_____

53. Have you ever been a victim of a crime? ☐ Yes ☐ No If yes, explain in detail below:

_____
_____
_____
_____

54. Have you been in any court action, either criminal or civil, that is not previously listed?

Yes ☐ No ☐

If yes, explain in detail below: (Include date, County and State where occurred and disposition.)

_____
_____

55. Are there any warrants (traffic or otherwise) now pending against you? ☐ Yes ☐ No

If yes, explain in detail below:

_____
_____

REFERENCE SECTION

56. 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: _____

Name: _____ Years Known: _____
County: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Occupation: _____
Employed Where: _____

Name: _____ Years Known: _____
County: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Occupation: _____
Employed Where: _____

57. Do your religious beliefs prohibit you from working on your Sabbath? ☐ Yes ☐ No

If yes, what day of the week is recognized? _____

58. Please attach a recent photograph below that clearly shows your features. A head and shoulder view, or a close-up is acceptable. Please include your name and address on the back of the photograph.

*** ATTACH HERE ***

ATTACHMENTS

59. Please attach to this application, copies of all of the following documents that are applicable:

- Military discharge (e.g. DD214)
- Drivers license
- Social Security Identification Card
- Firearm Owners Identification Card
- Birth Certificate

ADDITIONAL INFORMATION SHEET

Comments or additional answers can be explained here. Please refer to any question by number.

BUREAU COUNTY SHERIFF'S OFFICE

I hereby certify that there are no willful misrepresentations, omissions or false statements made by me in this application for employment; and that 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 application for employment is entirely complete as submitted.

Copies of this application for employment, background investigation or psychological screening shall ***not*** be provided to the 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 Bureau County Sheriff's Office.

_____
Applicant's Signature

_____
Date

Statement

I, _____, the undersigned, a legal
(Applicant's Name)

resident of _____,
(Street address)

in the City of _____, and the State of

_____, do declare that I am the person described in the foregoing Application for employment; and attachments thereto, and that all the statements contained in said answers are true and accurate to the best of my knowledge and belief.

_____
Signature

Notary Public

Sworn to and subscribed to before me this _____ day of_____

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

_____ **(Seal)**
Notary Public