



WHITE COUNTY SHERIFF

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APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Instructions: Please complete this form completely and accurately. Please use a pen and print clearly.

SECTION 1 – PERSONAL INFORMATION

Name: _____

Last

First

MI

Social Security Number

Street Address

City

State

County

Zip Code

Home Telephone Number

Cellular Telephone Number

Work Telephone Number

Are you at least twenty-one (21) years of age?

Yes _____ No _____

Are you prevented from lawfully becoming employed by the White County Sheriff Department because of VISA or immigration status?

Yes _____ No _____

(Proof of citizenship or immigration status may be required upon employment).

Do you have any commitments which might interfere which adversely affect your employment with us, such as a second job or school?

Yes _____ No _____

If yes, explain:

SECTION II – WORK REFERENCES

Position applied for

Date of application

Are you applying for: Full time work _____ Part time work _____ No preference _____

Are you interested in: Permanent work _____ Intermittent work _____ Temporary work _____
Seasonal Work _____ No Preference _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Minimum salary expectation: _____ Date available to start: _____

Employment History (In chronological order beginning with the most recent):

(Failure to include all past employment may be grounds for disqualification.)

1. _____ Employed from: _____ Position: _____
Employer Name month/year Beginning

Street Address/City/State/Zip

Employed to: _____ Position: _____
month/year End

Supervisor's Name

Employer telephone number: _____

Describe your duties, responsibilities, equipment operated, etc. for position(s) held:

Describe your reason for leaving:

May we contact this employer: Yes _____ No _____

If no, please explain why: _____

2. _____ Employed from: _____ Position: _____
Employer Name month/year Beginning

Street Address/City/State/Zip Employed to: _____ Position: _____
month/year End

Supervisor's Name Employer telephone number: _____

Describe your duties, responsibilities, equipment operated, etc. for position(s) held:

Describe your reason for leaving:

May we contact this employer: Yes _____ No _____

If no, please explain why: _____

3. _____ Employed from: _____ Position: _____
Employer Name month/year Beginning

Street Address/City/State/Zip Employed to: _____ Position: _____
month/year End

Supervisor's Name Employer telephone number: _____

Describe your duties, responsibilities, equipment operated, etc. for position(s) held:

Describe your reason for leaving:

May we contact this employer: Yes _____ No _____

If no, please explain why: _____

4. _____ Employed from: _____ Position: _____
Employer Name month/year Beginning

_____ Employed to: _____ Position: _____
Street Address/City/State/Zip month/year End

_____ Employer telephone number: _____
Supervisor's Name

Describe your duties, responsibilities, equipment operated, etc. for position(s) held:

Describe your reason for leaving:

May we contact this employer: Yes _____ No _____

If no, please explain why: _____

5. _____ Employed from: _____ Position: _____
Employer Name month/year Beginning

_____ Employed to: _____ Position: _____
Street Address/City/State/Zip month/year End

_____ Employer telephone number: _____
Supervisor's Name

Describe your duties, responsibilities, equipment operated, etc. for position(s) held:

Describe your reason for leaving:

May we contact this employer: Yes _____ No _____

If no, please explain why: _____

If you had additional employers within the last five (5) years, attach additional pages as needed.

SECTION III – EDUCATION AND TRAINING

Name of school: _____ Location: _____

Diploma/Degree/Major _____ Years completed: _____

Name of school: _____ Location: _____

Diploma/Degree/Major _____ Years completed: _____

Name of school: _____ Location: _____

Diploma/Degree/Major _____ Years completed: _____

Name of school: _____ Location: _____

Diploma/Degree/Major _____ Years completed: _____

Other schools attended: _____

Describe the courses you took, technical training you received, or skills you have attained which you feel would help you perform the job for which you are applying (e.g., special machines or equipment you operate, hobbies, or volunteer work projects which have taught you qualifying skills, etc.):

SECTION IV – DRUG, CRIMINAL & TRAFFIC HISTORY

Please read the following check list 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.

Have you ever:

1. Been convicted of a felony that has not been expunged or sealed? Yes or No _____

If yes, explain: _____

2. Have a criminal arrest record that has not been expunged or sealed? Yes or No _____

If yes, explain: _____

3. Possessed, used or sold any illegal drugs? Yes or No _____

If yes, explain: _____

4. Used marijuana within the last 7 years? Yes or No _____

If yes, explain: _____

5. Illegally used any steroids? Yes or No _____

If yes, explain: _____

6. Been arrested for DUI or OWI? Yes or No _____

If yes, explain: _____

7. Illegally possessed, sold or used any prescription drugs? Yes or No _____

If yes, explain: _____

8. Are you currently required to register as a sex offender in this or any other Jurisdiction? Yes or No _____

If yes, explain: _____

List all traffic accidents that you have been involved in within the last 7 years:

List all traffic citations:

SECTION V – MISCELLANEOUS

The following information will be used only if it is directly related to the classification/position for which you are applying

Have you ever been employed in the state or county service of the State of Illinois? Yes _____ No _____

If yes, please provide details: _____

Have you served in the U.S. Military? Yes _____ No _____

If yes, please indicate which branch: _____

Also if yes, is a copy of your DD 214 attached? Yes _____ No _____

Are you currently a member of any military reserve unit? Yes _____ No _____

If yes, please list the branch of service: _____

Have you filed an application with the White County Sheriff's Department before? Yes _____ No _____

When? _____ Were you interviewed? Yes _____ No _____

Have you been employed at the White County Sheriff's Department before? Yes _____ No _____

When? _____

I understand that the White County Sheriff's Department operates seven days a week and twenty-four hours per day and therefore, if employed, I may be required to work evenings, nights, and/or weekends. Yes _____ No _____

I understand that if I am hired and a sworn officer that I must successfully complete required training and courses specified and certified by the Law Enforcement Training and Standards Board. Yes _____ No _____

References (Please give the name, address, and phone number of three references not related to you)

_____	_____	_____
Name	Address	Phone Number

_____	_____	_____
Name	Address	Phone Number

_____	_____	_____
Name	Address	Phone Number

SECTION VI – ACKNOWLEDGEMENT, CONSENT & WAIVER

1. In applying for employment, I want the White County Sheriff's Department to be fully informed of my past and current activities. Accordingly, I hereby authorize the White County Sheriff's Department to investigate my background and to obtain any and all information which may concern me, including the information set forth in my application and sworn statement.
2. I hereby release all persons, including schools, companies, corporations, credit bureaus, branches of military service, and law enforcement agencies from any liability in furnishing such information.
3. I fully understand that any initial offer of employment is conditional upon completing and submitting an application for employment and providing a copy of my credit report, including my FICO score, at the time of applying for employment with the White County Sheriff's Department. Additionally, I may be required to submit to a psychological evaluation, a polygraph examination, and a medical examination, including a drug test, to which I consent, along with disclosure of any absolute disqualifying factors, such as the detection of certain illegal substances.
4. I fully understand that if employed, any misrepresentation of facts on this application or during the application process is sufficient reason for my immediate termination.
5. In addition to my authorization and release of information and entities set forth in paragraphs 1,2 and 3 above, I hereby authorize the White County Sheriff's Department to discuss the results of any pre-employment investigation with those persons who conduct the interview(s) and any investigation with those persons responsible for hiring.
6. I understand that nothing contained in this application, or in the granting or conducting of an interview, is intended to create a contract between White County Sheriff's Department and myself.

I hereby declare that the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize the White County Sheriff's Department to obtain information through contract with my former employers and references listed above. I am willing to undergo a comprehensive background investigation, including contact 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.

I HAVE READ THE ABOVE STATEMENT CAREFULLY AND I AGREE TO ABIDE BY ALL ITS TERMS.

Signature: _____

Date: _____

Printed Name: _____

Date of Birth: _____

Witnessed by: _____

Date: _____

Printed Name: _____