

# WARREN COUNTY SHERIFF EMPLOYMENT APPLICATION

DATE: \_\_\_\_\_

NAME (First, MI, Last)	SOCIAL SECURITY #
MAILING ADDRESS	
CITY, STATE AND ZIP CODE	
HOME NUMBER	CELL PHONE
E-MAIL ADDRESS	MAY WE USE E-MAIL TO CONTACT YOU? ____ YES ____ NO

## ADDITIONAL INFORMATION

\*THESE QUESTIONS MUST BE ANSWERED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT

HAVE YOU BEEN AN EMPLOYEE OF THIS ORGANIZATION IN THE PAST? ____ YES ____ NO IF YES, PLEASE EXPLAIN:
I CERTIFY THAT I AM IN COMPLIANCE WITH THE PROVISIONS OF THE SELECTIVE SERVICE ACT (DRAFT REGISTRATION). ____ YES ____ NO
I CERTIFY THAT I AM A U.S. CITIZEN, PERMANENT RESIDENT, OR A FOREIGN NATIONAL WITH AUTHORIZATION TO WORK IN THE UNITED STATES. ____ YES ____ NO
HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY, NO CONTEST, OR HAD A WITHHELD JUDGEMENT TO A FELONY? ____ YES ____ NO IF YES, PLEASE EXPLAIN:

## EDUCATION

(SCHOOLS ATTENDED OR SPECIAL TRAINING RECEIVED)  
(LIST CURRENT OR MOST RECENT FIRST)

SCHOOL	FROM	TO	DID YOU GRADUATE
LOCATION		TYPE OF DEGREE OR DIPLOMA	

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## WORK HISTORY

JOB TITLE	FROM	TO	HRS/WK	EMPLOYER
ADDRESS		PHONE	MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO	
REASON FOR LEAVING?			SUPERVISOR	

JOB TITLE	FROM	TO	HRS/WK	EMPLOYER
ADDRESS		PHONE	MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO	
REASON FOR LEAVING?			SUPERVISOR	

JOB TITLE	FROM	TO	HRS/WK	EMPLOYER
ADDRESS		PHONE	MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO	
REASON FOR LEAVING?			SUPERVISOR	

## HOW DID YOU FIND OUT ABOUT THIS POSITION?

CURRENT EMPLOYEE ___	CAREER FAIR ___	STATE WEBSITE ___	JOB SERVICE ___	OTHER INTERNET ___
RECRUITER ___	NEWSPAPER AD ___	RADIO/TV AD ___	UNIVERSITY/COLLEGE ___	NONE OF THE ABOVE ___

## JOB TYPE/SHIFT

SEASONAL ___	TEMPORARY ___	PART-TIME ___	FULL-TIME ___	PERMANENT ___
6 MONTH ___	1ST SHIFT ___	2ND SHIFT ___	3RD SHIFT ___	SWING SHIFT ___

SIGNATURE	DATE

I CERTIFY THAT ALL ANSWERS AND STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SHOULD AN INVESTIGATION DISCLOSE UNTRUTHFUL OR MISLEADING ANSWERS, MY APPLICATION MAY BE REJECTED, MY NAME REMOVED FROM CONSIDERATION, OR MY EMPLOYMENT WITH THIS COMPANY TERMINATED.

APPLICANT QUESTIONNAIRE  
NON DEPUTY SHERIFFS

1. As you are seeking employment with a law enforcement organization, a thorough check of your background and qualifications is necessary to ensure there is nothing in your background which would prohibit you taking this position under existing laws, or otherwise affect your suitability for this position.

2. As part of the background investigation into employment suitability, certain records, public and private, may be researched. A separate release for that information is attached. Identifying data below must be disclosed in order to ensure those records are in fact associated with the applicant.

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

HOW LONG AT THIS ADDRESS \_\_\_\_\_

LAST ADDRESS AND DATES LIVED THERE \_\_\_\_\_

DO YOU HAVE ANY LANGUAGE SKILLS RELEVANT TO THIS OCCUPATION? \_\_\_\_\_

IF YOU ANSWERED YES ABOVE, PLEASE EXPLAIN \_\_\_\_\_

ARE YOU AVAILABLE FOR WORK ON SATURDAYS, SUNDAYS, AND ANY HOLIDAY WHICH ARE  
RECOGNIZED BY LOCAL, STATE, AND FEDERAL GOVERNMENT CALENDARS AS HOLIDAYS?

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? \_\_\_\_\_

Applicant Name \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC CITATION? (Note - A conviction will not necessarily disqualify you from employment. It will be considered only as it relates to the job you are seeking.) \_\_\_\_\_

IF YES, PLEASE EXPLAIN, INCLUDING OUT OF STATE ARRESTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU USED OR EXPERIMENTED WITH ILLEGAL DRUGS (Note - a Yes answer to this question will not necessarily disqualify you for employment. It will be considered only as it relates to the position you are seeking. If you do not wish to answer this question, please indicate in writing "I desire to cover this question in separate interview") \_\_\_\_\_

\_\_\_\_\_

ARE YOU A LICENSED DRIVER, LEGALLY ABLE TO DRIVE AT THIS TIME? \_\_\_\_\_

DO YOU POSSESS AN ILLINOIS FIREARM OWNER'S IDENTIFICATION CARD? (Note - A FOID card may be necessary as a condition of employment) \_\_\_\_\_

IF YOU DO NOT POSSESS AN ILLINOIS FOID CARD, ARE YOU ELIGIBLE TO OBTAIN A FOID CARD? \_\_\_\_\_

ARE YOU PROHIBITED FROM CARRYING FIREARMS? \_\_\_\_\_

DID YOU SERVE IN THE ARMED FORCES? \_\_\_\_\_

IF YES, PLEASE INDICATE BRANCH OF SERVICE, DATES, AND ANY SPECIAL MILITARY TRAINING OBTAINED WHICH IS RELEVANT TO THE POSITION YOU ARE SEEKING.

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant \_\_\_\_\_

LIST CURRENT EMPLOYER \_\_\_\_\_

NAME OF SUPERVISOR AND PHONE NUMBER \_\_\_\_\_

EMPLOYER PREVIOUS TO CURRENT EMPLOYER \_\_\_\_\_

NAME OF SUPERVISOR AND PHONE NUMBER \_\_\_\_\_

THREE CHARACTER REFERENCES:

NAME	ADDRESS	PHONE
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NAME	ADDRESS	PHONE
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NAME	ADDRESS	PHONE
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ON THIS SPACE, PLEASE WRITE THE REASONS YOU ARE SEEKING THIS POSITION, AND ANY SPECIAL SKILLS OR QUALIFICATIONS YOU FEEL MAKE YOU A GOOD CANDIDATE.

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FALSIFICATION STATEMENT: I UNDERSTAND THAT ANY FALSIFICATION OR WILLFUL OMISSION OF FACT MADE IN THIS APPLICATION OR IN CONNECTION WITH ANY BACKGROUND INVESTIGATION MAY BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION, OF, IF DISCOVERED AFTER AN OFFER OF EMPLOYMENT, FOR IMMEDIATE DISMISSAL. I ACKNOWLEDGE THAT AS A CONDITION OF MY EMPLOYMENT I WILL BE REQUIRED TO SATISFACTORILY PASS A POST OFFER PHYSICAL EXAMINATION AND DRUG SCREEN.

Signature _____	Date _____
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WARREN COUNTY SHERIFF'S OFFICE  
APPLICANT BACKGROUND - EMPLOYER RELEASE OF LIABILITY

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

**1. Consent to Conduct Background Investigation**

As a condition of and in consideration for Warren County's consideration of this application, I give permission to Warren County to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to Warren County to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

**2. Consent to Contact Past Employers**

I give permission to Warren County to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Warren County, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Warren County. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to Warren County. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

**3. Consent to Contact Government Agencies**

I give permission to any agent, attorney or representative of Warren County to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate Warren County as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

**4. Cooperation With Investigation**

I agree to fully cooperate in Warren County's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

**5. Falsification Statement**

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

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

# CONSENT AND RELEASE FOR BACKGROUND INVESTIGATION

## Acknowledgment of Consent:

I, \_\_\_\_\_, acknowledge that I am seeking employment in a 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 condition of being considered for employment with the Warren County Sheriff's Office ("Employer"), 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 a suitable candidate for the position of Deputy Sheriff with the employer.

## Mandatory Background Investigation:

I authorize the employer to conduct a background investigation of me, which shall include, but shall not be limited to, a:

- (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 the Illinois Law Enforcement Training Standards Board's records and officer misconduct database.

## Credit Check:

I hereby consent to the employer 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 U.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 of Information:

I hereby consent to the release of all employment records from my current and former employers, 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; and
- (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 the 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 to privacy in such information and consent to the disclosure of information that may be exempt from disclosure by 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 of 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 any 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 the employer or the decision to hire me, not to hire me, or retain me in my position.

## Signature:

I agree to personally and/or electronically sign this document and 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 Record Disclosure Act.

Signature .....

Printed Name.....

Social Security No.....