

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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LOCATION		TYPE OF DEGREE OR DIPLOMA	
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LOCATION		TYPE OF DEGREE OR DIPLOMA	

**WARREN COUNTY SHERIFF
EMPLOYMENT APPLICATION**

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

SIGNATURE	DATE
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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 MY BE REJECTED, MY NAME REMOVED FROM CONSIDERATION, OR MY EMPLOYMENT WITH THIS COMPANY TERMINATED.

Applicant Name _____

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 ILLIOIS 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 _____

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

NAME ADDRESS PHONE

NAME ADDRESS PHONE

