

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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**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 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
------	---------	-------

NAME	ADDRESS	PHONE
------	---------	-------

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.

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 _____

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: _____