

NAME / Last, First, Middle: \_\_\_\_\_

<b>Jo Daviess County Sheriff's Office</b> <b>POSITION(S) APPLYING FOR:</b>  Deputy Sheriff Correctional Deputy Telecommunications Officer Other:	<b>FOR OFFICE USE ONLY</b>
	<b>Date Received:</b>  <b>Received By:</b>

<b>Galena Police Department</b> <b>POSITION(S) APPLYING FOR:</b>  Patrol	<b>FOR OFFICE USE ONLY</b>
	<b>Date Received:</b>  <b>Received By:</b>

<b>Carroll County Sheriff's Office</b> <b>POSITION(S) APPLYING FOR:</b>  Court Security Deputy Sheriff Correctional Deputy Telecommunications Officer Other:	<b>FOR OFFICE USE ONLY</b>
	<b>Date Received:</b>  <b>Received By:</b>

<b>Savanna Police Department</b> <b>POSITION(S) APPLYING FOR:</b>  Patrol	<b>FOR OFFICE USE ONLY</b>
	<b>Date Received:</b>  <b>Received By:</b>

<b>Stockton Police Department</b> <b>POSITION(S) APPLYING FOR:</b>  Patrol	<b>FOR OFFICE USE ONLY</b>
	<b>Date Received:</b>  <b>Received By:</b>

# EMPLOYMENT APPLICATION

**AN EQUAL OPPORTUNITY EMPLOYER – The Jo Daviess County Sheriff’s Office, Carroll County Sheriff’s Office, Savanna Police Department, Stockton Police Department and Galena Police Department consider applicants for all positions without regard to race, color, religion, creed, sex, gender-identity, gender expression, sexual orientation, pregnancy, childbirth, medical or common conditions relating to pregnancy and childbirth, genetic information, national origin, age, physical or mental disability, ancestry, marital status, military status, arrest record, unfavorable discharge from military service, order of protection status, or any other classification protected under federal or state law. Jo Daviess County, Carroll County, the City of Savanna, Village of Stockton and the City of Galena comply with all applicable local, state and federal civil rights and equal employment laws and regulations.**

**INSTRUCTIONS - TYPE OR PRINT CLEARLY USING INK. Read every question CAREFULLY, then answer truthfully and completely. If a question does not pertain to you, write “N/A” (Not Applicable) within the appropriate space(s). RETURN APPLICATION TO: Jo Daviess County Sheriff’s Office, 330 North Bench Street, Galena, Illinois 61036**

## PERSONAL HISTORY

NAME [Last, First, Middle]:					
Are there any other names [i.e., maiden names, nicknames, aliases] you have used or are known by? Yes No					
If “Yes”, please list:					
ADDRESS [Number, Street, City, State, Zip]:					
PREVIOUS ADDRESS [If at present address less than one (1) year]:					
TELEPHONE NUMBER(S):					
PLACE OF BIRTH [City, County, State]:					
E-MAIL ADDRESS:					
Do you possess a valid driver’s license? Yes No					
DRIVER’S LICENSE NO.:				STATE:	
Answer the following question only if you are applying for a Deputy position: Are you a citizen of the United States of America? Yes No Proof of U.S. Citizenship or immigration status may be required.					
For all other positions: Are you authorized to work in the United States? Yes No					
POSITION(S) APPLYING FOR:					
Deputy Sheriff	Court Security	Corrections	Telecommunications	Patrol	Other:
Have you ever applied with us before?		Yes	No	If “Yes”, give date:	
Have you ever been employed with us before?		Yes	No	If “Yes”, give date:	
What type of position are you applying for?		Full Time	Part Time	Temporary	Volunteer
Are you related to any person currently employed by Jo Daviess County, Carroll County, Village of Stockton, the City of Savanna or the City of Galena?					
Yes		No	If “Yes”, name of person:		

# EDUCATION

<b>The employer requires its employees to possess a high school diploma or its equivalent prior to employment. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes and completing other entries. Copy of diploma or other equivalent may be required.</b>				
<input type="checkbox"/> I possess a high school diploma.		<input type="checkbox"/> I passed the General Educational Development (G.E.D.) Examination.		
SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	GRADUATE?	List Diploma or Degree
HIGH			YES	
			NO	
COLLEGE			YES	
			NO	
COLLEGE			YES	
			NO	

# EMPLOYMENT

<b>Beginning with your most recent/current employment, please list all jobs, including full time, part time, temporary and volunteer positions, you have held in the past five (5) years. For identification and verification, please indicate the nature of activity including whether employment is full time, part time, temporary, or volunteer, and description of responsibilities and duties. If additional space is needed, use a separate sheet.</b>	
EMPLOYER:	DATE EMPLOYMENT STARTED:
ADDRESS:	DATE EMPLOYMENT ENDED:
TELEPHONE:	POSITION/TITLE:
NATURE OF DUTIES:	REASON LEFT:
NAME OF SUPERVISOR:	
EMPLOYER:	DATE EMPLOYMENT STARTED:
ADDRESS:	DATE EMPLOYMENT ENDED:
TELEPHONE:	POSITION/TITLE:
NATURE OF DUTIES:	REASON LEFT:
NAME OF SUPERVISOR:	
EMPLOYER:	DATE EMPLOYMENT STARTED:
ADDRESS:	DATE EMPLOYMENT ENDED:

TELEPHONE:	POSITION/TITLE:
NATURE OF DUTIES:	REASON LEFT:
NAME OF SUPERVISOR:	
EMPLOYER:	DATE EMPLOYMENT STARTED:
ADDRESS:	DATE EMPLOYMENT ENDED:
TELEPHONE:	POSITION/TITLE:
NATURE OF DUTIES:	REASON LEFT:
NAME OF SUPERVISOR:	

## REFERENCES

<p><b>During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position applied for. Inquiries will be confined to job-relevant matters. Information may also be used to confirm identity and obtain proper records. SUPPLY AT LEAST THREE (3) REFERENCES, OTHER THAN RELATIVES OR ANYONE ELSE MENTIONED IN THIS APPLICATION.</b></p>			
Name	Address & Telephone	Relationship	Years Known

## MILITARY SERVICE

Have you ever served in the armed forces, National Guard, or military reserves?    Yes    No If "Yes", please supply the following Military Service information.	
Branch of Service:	Service Number:
Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserves? Yes    No    If "Yes", please explain [include branch of service, when, where, and circumstances]:	

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.		
Name	Address & Telephone	Years Known

## EXPERIENCE / SPECIALIZED TRAINING / SKILLS

Describe/list any specialized training, apprenticeships, certifications and/or job related skills:

Check relevant equipment that you are able to operate:

TDD	Facsimile	Computer	Telephone System	Dictation Machine
Two-Way Radio	Automobile	Firearm	Watercraft	Other:

Describe any computer experience/knowledge that you may have:

Indicate any language skills you may have:

List any professional, trade, business, or civic activities. You may exclude any memberships which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status:

## GENERAL INFORMATION

Have you ever been convicted of, or plead guilty to, a misdemeanor or felony other than a traffic citation? <u>Yes</u> <u>No</u>
Have you ever been convicted of or pled guilty to a traffic violation? <u>Yes</u> <u>No</u>
Has your driver's license ever been suspended, revoked, or otherwise not valid? <u>Yes</u> <u>No</u>
Have you ever been convicted of abuse or neglect of children or adults under the laws of this or any other state of the United States? <u>Yes</u> <u>No</u>
If you answered "Yes" to any of the above, explain in detail [including all convictions, dates and circumstances]. You are not required to disclose any sealed or expunged criminal records.

Can you travel if employment requires it?	<u>Yes</u>	<u>No</u>
How did you learn about us? <u>Advertisement</u> <u>Friend</u> <u>Walk In</u> <u>Relative</u> <u>Employment Agency</u> <u>Other:</u>		
Please explain your reason(s) for applying for this position:		

## APPLICANT'S STATEMENT

<p><b>READ CAREFULLY BEFORE PROVIDING YOUR SIGNATURE BELOW</b></p> <p><b>I do hereby affirm and certify that all answers and information given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained within this application for employment as may be necessary in arriving to an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge, dismissal or penalty under law. I further understand that I am required to abide by all rules and regulations of the employer.</b></p> <p><b>I understand that employment may be conditional upon successfully passing a screening process that may include a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment. My refusal to take a drug screening will result in no further consideration for employment.</b></p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Applicant's Signature:</td> <td style="width: 30%; border: none; text-align: right;">Date:</td> </tr> </table>	Applicant's Signature:	Date:
Applicant's Signature:	Date:	

**POST-EMPLOYMENT  
AUTHORIZATION FOR BACKGROUND INVESTIGATION  
RELEASE OF PERSONAL INFORMATION**

**READ CAREFULLY BEFORE PROVIDING YOUR SIGNATURE BELOW**

**I do hereby authorize a review of and full disclosure of all records concerning myself to the Jo Daviess County Sheriff's Office, Carroll County Sheriff's Office, City of Galena Police Department, Village of Stockton Police Department and City of Savanna Police Department, whether the said records are of a public, private, or confidential nature.**

**The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions; including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records whether filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, and efficiency ratings.**

**I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the County of Jo Daviess, County of Carroll, City of Galena, Village of Stockton and the City of Savanna. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for liability which may be incurred as a result of furnishing such information.**

**A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.**

PRINTED NAME OF APPLICANT:

DATE OF BIRTH:

Signature of Applicant:

Date:

Signature of Witness:

Date: