



Len Campbell
Sheriff

APPLICATION FOR THE POSITION OF
Correctional Officer - County of Washington, Illinois
Washington County Sheriff's Office
EQUAL OPPORTUNITY EMPLOYER

Date Received _____
For Official Use Only

- Full-Time Only
- Part-Time Only
- Full-Time or Part-Time

INSTRUCTIONS: Read every question carefully and ANSWER EACH QUESTION ACCURATELY. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practice, any deception or fraud in his application, in his examination, or in his appointment. If space provided is not sufficient for complete answers, or you wish to provide additional information, use the last page of this application and number answers to correspond with questions. Return completed applications to: Washington County Sheriff's Office, 245 N. Kaskaskia St.,

Nashville, IL 62263

PERSONAL DATA

1. Name: _____
(Last) (First) (Middle)

2. List any other names, aliases you have used, or been known by, including maiden name if applicable:

(Last) (First) (Middle)

3. Present address: _____
(House number & Street Name) (Apt No.)

(City) (State) (Zip Code)

4. Home telephone: _____ Cell Phone: _____
a) Email: _____

5. How long have you lived at this address? _____

6. Give your home address for the past ten years, excluding your present address: (Do not use rural route numbers or box numbers) (give month and year)

Dates		Address	City	State
From -	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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7 Age _____ Sex _____ Height _____ Weight _____

8 Date of Birth _____ Place of Birth _____
(Month, day, year) (City and State)

9 Are you a U. S. Citizen? Yes No

10 If a naturalized citizen, give date: _____

11 Social Security Number: _____

12 Are you (Check one) Single Married Widowed
Separated _____ Divorced _____
(Date) (Date)

Wife's maiden name: _____ Number of Dependents: _____

13 Are you involved as a defendant or do you have a court judgment in effect?

Yes No If yes, state full details:

14 Have you ever been convicted of a crime other than a parking violation? Yes No
If you answered yes, please provide information which explains the date, location, and nature of the offense:

EDUCATION

15 List all schools, colleges and business schools attended.

NAME	ADDRESS (Including Street, City, State and Zip) (Starting with High School)	DATES From - To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16 Did you graduate and receive a High School Diploma? Yes No
If yes, who issued the certificate? _____

If no, do you have a High School Equivalent Certificate? Yes No

17 If you attended college, what was your major? _____
Your minor? _____ What degree, if any, was conferred? _____

18 Do you speak or read any language other than English?
Yes No Which language? _____

EMPLOYMENT

19 What is your present occupation: _____ Hourly Wage: _____

20 Are you now engaged in any business as an owner or partner (active or silent)?
Yes No If yes, give details: _____

21 Are you currently being considered for employment with any other police department?
Yes No If yes, give names of cities: _____

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22 EMPLOYMENT HISTORY

List all jobs you have held for the last ten years, including periods of unemployment. Put your present or most recent job first. Include military service in proper time sequence; include temporary or part-time or volunteer jobs.

1) Employer: _____ Phone # _____ From _____ to _____
Month/Year Month/Year
Address: _____
Supervisor's Name and Title: _____ Full Time Part Time
Your Title: _____ Type of Business: _____
Your Duties: _____ Hourly Wage: _____
Reason for Leaving: _____

2) Employer: _____ Phone # _____ From _____ to _____
Month/Year Month/Year
Address: _____
Supervisor's Name and Title: _____ Full Time Part Time
Your Title: _____ Type of Business: _____
Your Duties: _____ Hourly Wage: _____
Reason for Leaving: _____

3) Employer: _____ Phone # _____ From _____ to _____
Month/Year Month/Year
Address: _____
Supervisor's Name and Title: _____ Full Time Part Time
Your Title: _____ Type of Business: _____
Your Duties: _____ Hourly Wage: _____
Reason for Leaving: _____

4) Employer: _____ Phone # _____ From _____ to _____
Month/Year Month/Year
Address: _____
Supervisor's Name and Title: _____ Full Time Part Time
Your Title: _____ Type of Business: _____
Your Duties: _____ Hourly Wage: _____
Reason for Leaving: _____

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23 May we check with your present employer? Yes No

24 Were you ever discharged or asked to resign from any employment?

Yes No If yes, give details: _____

25 Have you had any garnishee, wage assignment, or judgment against you?

Yes No If yes, give details: _____

26 Have you ever declared bankruptcy? Yes No If yes, give details:

MILITARY SERVICE

27 Have you ever served in any branch of the United States Military? Yes No

If you answered yes, please list the branch, service serial number, highest rank held, and rank at discharge. Also provide a copy of your DD-214.

28 Are you now or were you ever a member of any branch of the United States Reserve forces?

Yes No

If you answered yes, please list status (active or inactive), the branch, unit, rank, address of branch and dates of service.

29 Were you ever convicted in a Court Martial or were you the subject of a Summary Court, or any other disciplinary action? Yes No

If yes, give details (include type of action, charge and disposition): _____

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30 What is the terminal date of your reserve obligation? (Give month, day and year)

31 Have you ever attended specialist schools while in the Armed Forces?

Yes No If yes, give type of schools: _____

32 List any commendations and citations awarded to you as a member of the Armed Forces:

33 Were you ever rejected by the Armed Services? Yes No

If yes, for what reason: _____

34 Give three references (NOT relatives, but responsible adults of reputable standing in their community) who have known you well in the past five years:

NAME	ADDRESS (Street, City, State & Zip)	TELEPHONE NO.
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MISCELLANEOUS

35 Can you type? Yes No

36 How many years have you operated an automobile? _____

Were you ever involved in an accident while driving? Yes No

If yes, give details: _____

37 Were police reports made on these accidents? Yes No

If yes, specify police agency: _____

38 Was your license ever suspended or revoked? Yes No

If yes, give details: _____

39 Explain your reason for applying for this position: _____

AFFIDAVIT

1 I have personally read and answered each and every applicable question herein, and do solemnly swear that each and every answer is full and correct in every aspect.

2 I have or will submit to fingerprinting, as required.

3 I will submit to a complete medical examination to be administered by a duly appointed physician, and further consent to the release of any medical history or information for the confidential use of the County of Washington, Washington County Sheriff's Office, or their assigned medical examiners.

4 I agree to submit to a polygraph (lie detector) examination.

5 I agree to submit to a psychological examination.

6 I agree to submit any and all information on my service career, if any, including DD214 form and military history during my tour of duty.

In witness whereof, I have hereunto subscribed my name this _____ day of _____
20____, at _____, County of _____
(City)
and State of _____.

*Please note that this affidavit does not need to be notarized.

(Applicant's complete signature)

***** IMPORTANT – PLEASE READ *****

Note: A copy of your DD214 Form papers, if any, Birth Certificate, High School Diploma or GED certificate, Driver's License, and Firearm Owner's Identification Card (FOID), MUST accompany this application.

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EMPLOYMENT INFORMATION RELEASE

Equal Opportunity Employer

Date: _____

To Whom It May Concern:

I respectfully request that you forward or make available for review any and all information that you may have concerning me, my work record or my reputation to the Washington County Sheriff's Office. Also please give or make available for review any information that may appear in my personal file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Washington County Sheriff's Office.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above. Finally, a duplicate of this form shall carry the same force as the original.

Signature

Date of Birth: _____

Name: _____
(Please Print)

Social Security Number: _____

Address: _____

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CONSUMER REPORTING AUTHORIZATION FORM

Equal Opportunity Employer

Date: _____

I authorize and empower the County of Washington, Washington County Sheriff's Office, any other law enforcement agency, any consumer reporting agency, or other outside service company engaged by said Agency for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living, through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request, I understand that said Agency/Sheriff's Office will provide me with information regarding the scope of the investigation if one is made.

Signature:

Social Security Number