



Ross Schultze
Sheriff

APPLICATION FOR THE POSITION OF
Deputy Sheriff - 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
From – To Address City State

Application for Deputy Sheriff

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: _____

Application for Deputy Sheriff

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: _____

Application for Deputy Sheriff

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): _____

Application for Deputy Sheriff

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.

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: _____

Application for Deputy Sheriff

Place the corresponding question number in the first space provide then continue with your response. Make additional copies of this page as needed.

[illegible]

Application for Deputy Sheriff

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.

Application for Deputy Sheriff



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

Application for Deputy Sheriff



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: _____



WASHINGTON COUNTY SHERIFF'S OFFICE



ROSS SCHULTZE

SHERIFF

Reimbursement of Training and Related Expenses Policy

If an employee leaves the employment of the Washington County Sheriff's Office during the first four years of employment, except for reasons of death or disability or if the employment is terminated by the Washington County Sheriff's Office, the Washington County Sheriff's Office may require such employee to reimburse the Washington County Sheriff's Office for **all costs (including uniforms and equipment purchased) and expenses for Washington County paid training** received by the employee during their service with the Washington County Sheriff's Office in accord with the following formula.

Service under 1 year of service:	100%
Service from 1 year to 2 years:	80%
Service from 2 years to 3 years:	60%
Service from 3 years to 4 years:	40%

I acknowledge receipt of and have read the Washington County Sheriff's Office policy on Reimbursement of Training and Related Expenses

I freely consent to have any amounts due for the reimbursement to be deducted from my final Washington County, IL payroll check. I also agree to pay the remainder of amount owed (if any) within 10 business days.

Applicant Name (Please Print)

Applicant's Signature

Date