

# Christian County Sheriff's Office



## Employment Application

### INSTRUCTIONS

Please print clearly. Please indicate all positions you are applying for and you may apply for more than one position on a single application. Please provide copies of: Birth Certificate, Social Security Card (or verification of Card application), Driver's License and sealed college transcripts (if applicable).

### APPLICANT INFORMATION

Date of Application: \_\_\_\_\_ Position(s) applying for: \_\_\_\_\_

Full legal name: \_\_\_\_\_

List any other names or aliases: \_\_\_\_\_

Street address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Length of time at street address: \_\_\_\_\_ Length of time at mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Work number: \_\_\_\_\_

Have you ever filed an application here before? If yes, give date: \_\_\_\_\_

May we contact you at your current place of employment? YES NO

E-mail address: \_\_\_\_\_

Do you have a valid driver's license? YES NO If so, state of issue: \_\_\_\_\_ Number: \_\_\_\_\_

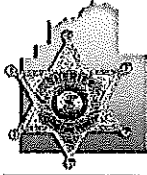
On what date would you be available for work? \_\_\_\_\_

Availability to work: \_\_\_ Full Time \_\_\_ Part time

### EDUCATION INFORMATION

Do you have a high school diploma or GED? YES NO Do you have any college? YES NO

If so, please list colleges or other education past high school, including dates of attendance on the following page:



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	ELEMENTARY	HIGH	COLLEGE/ UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe specialized training, apprenticeship, skills and extra-curricular activities				
Honors received				

### BACKGROUND INFORMATION

Have you ever declared bankruptcy, had liens on your home or other property, or subject to wage garnishment?      YES    NO      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently or have you in the past used any narcotics or controlled substances not prescribed by a physician? YES    NO

If so, please explain: \_\_\_\_\_

\_\_\_\_\_



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List any scars, marks or tattoos and their location: \_\_\_\_\_

Since you're eighteenth birthday, have you ever been detained by law enforcement for an investigation, arrested, indicated, charged and/or convicted of any misdemeanor or felony offense in Illinois or any other state or legal jurisdiction?    YES                  NO

Note: Conviction of a crime will not necessarily disqualify an applicant – the nature of the crime and when the conviction occurred will be considered.

If yes, provide the follow information:

Date: \_\_\_\_\_ Agency involved: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Crime Charged

Disposition of Case, Including Sentence

Date: \_\_\_\_\_ Agency involved: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Crime Charged

Disposition of Case, Including Sentence

Date: \_\_\_\_\_ Agency involved: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Crime Charged

Disposition of Case, Including Sentence

List your former addresses for the last ten years or back to your 18<sup>th</sup> birthday, along with any persons that shared the same residence:

Street                      City                      State    Zip Code                      County                      Dates of residency

Persons Resided With

Street                      City                      State    Zip Code                      County                      Dates of residency



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Persons Resided With \_\_\_\_\_

Street	City	State	Zip Code	County	Dates of residency

Persons Resided With \_\_\_\_\_

Have you ever served in the U.S. Military? YES NO If so, what branch: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Please attach a copy of Military DD214.

Have you ever applied at any other law enforcement or government agency? YES NO

If so, please provide:

Agency Name & Address: \_\_\_\_\_

Date of application: \_\_\_\_\_ Name used on application (if different): \_\_\_\_\_

Agency Name & Address: \_\_\_\_\_

Date of application: \_\_\_\_\_ Name used on application (if different): \_\_\_\_\_

Have you been discharged or asked to resign from any employer? YES NO If yes, explain:

\_\_\_\_\_

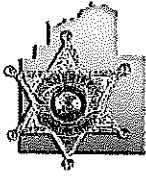
\_\_\_\_\_

\_\_\_\_\_

Are you now or have you ever been engaged in any business as a sole owner, partner, or corporate member in any capacity (including silent or active)? YES NO If yes, explain:

\_\_\_\_\_

\_\_\_\_\_



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Starting with your current employment. List all full-time and part-time positions held over the last ten years or since your 18<sup>th</sup> birthday. Also list periods of unemployment showing dates and reasons for unemployment.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Dates Employed, from: \_\_\_\_\_ To: \_\_\_\_\_ Start Pay: \$ \_\_\_\_\_ End Pay: \$ \_\_\_\_\_

Job Title: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Dates Employed, from: \_\_\_\_\_ To: \_\_\_\_\_ Start Pay: \$ \_\_\_\_\_ End Pay: \$ \_\_\_\_\_

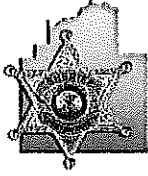
Job Title: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Dates Employed, from: \_\_\_\_\_ To: \_\_\_\_\_ Start Pay: \$ \_\_\_\_\_ End Pay: \$ \_\_\_\_\_

Job Title: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Dates Employed, from: \_\_\_\_\_ To: \_\_\_\_\_ Start Pay: \$ \_\_\_\_\_ End Pay: \$ \_\_\_\_\_

Job Title: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### REFERENCES

Provide all of the following information requested for three references. Do not include relatives.

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_



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Employed where: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employed where: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employed where: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please include any special skills and qualifications you have acquired, along with any information you feel may be helpful to us in considering your employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### CERTIFICATION & ACKNOWLEDGEMENTS

I \_\_\_\_\_ do hereby certify that there are no willful misrepresentations, omissions, or false statements made on this application; all of my answers are true and correct to the best of my knowledge and belief; and that I did not allow another person to complete this application for me.

I understand that any misrepresentations, omissions, false statements, or failure to entirely complete the application will not disqualify me as an applicant, but will be taken into consideration for any position with the Christian County Sheriff's Office.

I understand that applicants being considered for employment will be required to undergo an extensive background investigation, drug testing, and psychological testing as part of the pre-employment screening process. Copies of this application, background investigation, or psychological screening shall not be circulated to a candidate, nor will they be released unless required pursuant to court action.

I authorize a review of and consent to full and complete disclosure of all 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 wherever filed; efficiency ratings, complaints or grievances file by or against me and the records an recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest concerning myself to any duly authorized personnel of the Christian County Sheriff's Office, whether the said records are of a public, private or confidential nature.

I understand that the Christian County Sheriff's Office will be seeking records from my past employers and any other person or entity that might have information relating to my application. I hereby authorize any representative of the Christian County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records. The intent of this authorization is to give my consent for full and complete disclosure.

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 with the Christian Count Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release Christian County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

I understand that if I currently live outside of Christian County, I am required to move into Christian County within six months of employment, unless I apply for a waiver from the county board.

I also understand this authorization to furnish information is executed in consideration of the Christian County Sheriff's Office and Christian County board.

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.

I have read and fully understand the contents of this form.

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ (please attach copy of card)

\_\_\_\_\_  
Applicant Signature Date