

**ORIENTATION**  
**and**  
**TESTING**  
**DEPUTY SHERIFF**

**Orientation for McLean County Sheriff's Deputy positions will be held on Wednesday February 12, 2020, on the 5<sup>th</sup> Floor of the Law and Justice Center, 104 W. Front St., Bloomington, Il. Check in starts at 5:00 p.m. with Orientation beginning at 5:30 p.m.**

**ORIENTATION IS MANDATORY!**

**Please note: Job applications and the related application documents must be brought to the Orientation meeting and NOT the Sheriff's Office.**

**\*\*\*Incomplete applications (or applications without all the required documentation) will not be accepted.**

## TO: DEPUTY APPLICANT

Attached is your application for employment with the McLean County Sheriff's Office.

Please complete the entire application and provide the following materials, which need to be returned with the application on the night of orientation:

- A certified copy of your birth certificate from the county you were born. We **cannot** accept birth certificates issued by the hospital.
- Transcripts from the institution of your highest level of education.
- Transcripts of military service discharge, if applicable.
- A valid driver's license along with two copies of said driver's license.
- Reside within a forty-five mile radius of the McLean County Law and Justice Center, Bloomington, IL, regardless of weather and road conditions, vehicle availability and vehicle performance.

Applicants must attend a **mandatory orientation meeting** and successfully pass the following testing procedures:

- **Physical Agility Test (Power Test)**
- **Basic Skills Written Exam**
- **Oral Interviews**

Upon successful completion of the above, the Merit Commission then certifies that the applicant is eligible for employment with the McLean County Sheriff's Department and the applicant will be notified by letter that he/she is being placed on the eligibility list.

To be eligible for employment with this department, you will be subject to a medical examination and an intense background check, which will include a polygraph exam, psychological exam and additional oral interviews with the Sheriff's Office Command Staff. You are required to sign an **Authorization for Release of Personal Information** so that the background check can be conducted.

Thank you for your interest in our Office.



Jon Sandage  
McLean County Sheriff



# EMPLOYMENT APPLICATION

\_\_\_\_\_

Last Name First Name Middle Name/Initial

\_\_\_\_\_

Street and Number City County

\_\_\_\_\_ ( ) \_\_\_\_\_

State Zip Phone

Can your education and/or employment records be verified using the above name and social security number?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, list other name(s): \_\_\_\_\_

Name, address and phone number of person who will know where you may be contacted:

\_\_\_\_\_ ( ) \_\_\_\_\_

Phone

**Please follow these general instructions:**

1. Read the Examination/Position Announcement and be sure you meet, **with or without reasonable accommodation**, the "QUALIFICATIONS" listed.
2. Answer all questions and complete all spaces on the application.
3. Submit all transcripts and documents at the time of application.

Position(s) applied for: \_\_\_\_\_

How did you learn of the examination/position? \_\_\_\_\_

Have you previously been employed by McLean County? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from \_\_\_\_\_ to \_\_\_\_\_ Department \_\_\_\_\_

Are you at least eighteen (18) years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S. citizen or an alien legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

On what basis are you available for employment? (Check any or all that apply)

Full time \_\_\_\_\_ Part-time \_\_\_\_\_ Summer \_\_\_\_\_ Temporary \_\_\_\_\_

Are you available for: Weekends and Holidays Yes \_\_\_\_\_ No \_\_\_\_\_

Rotating Shifts Yes \_\_\_\_\_ No \_\_\_\_\_

On Call Yes \_\_\_\_\_ No \_\_\_\_\_

Shift Preference (check any or all that apply): Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per hour.

1. Have you ever been discharged or asked to resign from employment? Yes No

2. Do you object to an inquiry of you present employer in regard to your ability to work with others, work record, qualifications or abilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" TO ANY OF THE LAST TWO QUESTIONS, please give specifics on a separate sheet. A "yes" answer does not automatically disqualify you from employment.

Answer the four questions below if they are essential functions of the job for which you are applying.

1. Do you possess a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
2. Do you possess a valid Commercial Drivers License Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
3. Can you produce typed material (typewriter, computer, other)? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
4. Can you take notes verbatim (word for word) at a reasonable speed? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

List any in-service training, instruction courses or programs you have completed: \_\_\_\_\_  
 \_\_\_\_\_

List any special information as to your work record you may deem of value: \_\_\_\_\_  
 \_\_\_\_\_

Are there any other experiences, skills or qualifications that you feel would especially fit you for work with McLean County and/or the position for which you are applying? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If license, certificate or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following:

Name of trade or profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Granted By: \_\_\_\_\_ City and/or State of: \_\_\_\_\_

Specialty: \_\_\_\_\_ Licensed From: \_\_\_\_\_ To: \_\_\_\_\_

EDUCATION	Name and Location	Years Completed				Diploma/Degree	Course of Study
		9	10	11	12		
High School							
College		1	2	3	4		
Graduate / Professional		1	2	3	4		
Trade School		1	2	3	4		

Describe your extra-curricular activities (e.g. professional/student organizations, leisure activities, civic, etc...):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Indicate any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

<b>1. Employer</b>	<b>Dates Employed</b>		<b>Work Performed:</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
<b>Telephone</b>			
<b>Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

<b>2. Employer</b>	<b>Dates Employed</b>		<b>Work Performed:</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
<b>Telephone</b>			
<b>Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

<b>3. Employer</b>	<b>Dates Employed</b>		<b>Work Performed:</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
<b>Telephone</b>			
<b>Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

<b>4. Employer</b>	<b>Dates Employed</b>		<b>Work Performed:</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
<b>Telephone</b>			
<b>Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

**REFERENCES**

List three business/work references who are not related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

1. \_\_\_\_\_  
 Name Relationship Years Acquainted  
 \_\_\_\_\_  
 ( )  
 Address Phone

2. \_\_\_\_\_  
 Name Relationship Years Acquainted  
 \_\_\_\_\_  
 ( )  
 Address Phone

3. \_\_\_\_\_  
 Name Relationship Years Acquainted  
 \_\_\_\_\_  
 ( )  
 Address Phone

**AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge

I authorize McLean County to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the County.

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

**NOTE:** If you are applying for a position with the following departments, you will need to complete a form for purposes of a background investigation. Please ask for one of these forms.

- CIRCUIT CLERK**
  - DEPARTMENT COURT SERVICES**
  - FACILITIES MANAGEMENT**
  - PARKS AND RECREATION**
  - METRO McLEAN COUNTY COMBINED COMMUNICATIONS CENTER (METCOM)**
- SHERIFF'S**

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Application reviewed by:

_____ Name	_____ Date	_____ Name	_____ Date
_____ Name	_____ Date	_____ Name	_____ Date
_____ Name	_____ Date	_____ Name	_____ Date

## Authorization for Release of Personal Information

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the McLean County Sheriff's 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 wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of 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; and any records of a police department or other law enforcement agency.

I understand that any of the information obtained by a personal 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 McLean County Sheriff's Department. 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 the County of McLean, the McLean County Sheriff, the McLean County Sheriff's Department Merit Commission, their members, employees, agents and assigns from any and all liability which may be incurred as a result of collecting an utilizing such information.

I further authorize the McLean County Sheriff's Department to conduct a polygraph examination(s), and I hereby voluntarily submit to such polygraph examination(s).

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 fully read and understand the contents of this AUTHORIZATION OF RELEASE OF PERSONAL INFORMATION.

\_\_\_\_\_  
Signature, include maiden name if applicable

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Driver's License # & State



## PERMISSION FOR SECURITY CHECK

I understand that I will have to successfully pass a background investigation, which may include a polygraph test, due to the nature of this position. I hereby give my permission to the McLean County Sheriff's Department to conduct such an investigation.

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Signature of Applicant

Date

### PLEASE PRINT

Full Name: \_\_\_\_\_

List any other names under which your employment and/or education can be verified (including maiden names, etc.):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License # \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female