

Coles County Sheriff's Office
701 7th Street
Charleston, IL 61920



Position Applied For:

Correctional Officer
Court Security

APPLICATION REQUEST AND RELEASE

I, (*print your name*) _____, hereby state that I wish to apply for employment at the Coles County Sheriff's Office. I understand that as part of the application process I am to provide the following documents to the Coles County Sheriff's Office:

COPIES of the following documents:

- 1.) Your birth certificate;
- 2.) High school diploma (or GED)
- 3.) And (if applicable) further education;
- 4.) Proof of honorable discharge from active military service (if applicable), a copy of your DD 214.

I UNDERSTAND ANY ORIGINALS SUBMITTED WILL NOT BE RETURNED

Some form of picture identification, such as a driver's license, will be required at all examinations.

I fully understand that my failure to submit all the required documentation and the fully completed application will result in my disqualification as a candidate for employment as a Coles County employee.

The applicant will be assessed a fee of \$25.00 for administering the written test for correctional officer. (Non-Refundable)

I also understand that, if I am hired by the Coles County Sheriff's Office, I will be required to live in Coles County, or an adjoining county; if I do not live in Coles County or an adjoining county at the time of hire, I agree to move to one of these counties within six months from the date of hire.

NAME: _____
Signature

Address

City / State / Zip Code

Phone (s)

E-mail Address

**Race*

DATE: _____

| | |
|---------------------------------------|--|
| DUTIES - CORRECTIONAL OFFICER: | The corrections officer assignment shall be filled by sworn officers who are certified by the Illinois Police Training Board as corrections officers. The corrections officer will be responsible for the safe and secure detention and transportation of inmates. |
|---------------------------------------|--|

| REQUIREMENTS: APPLICANT MUST BE: | |
|---|--|
| 1. | Over the age of 21 |
| 2. | A high school graduate or equivalent |
| 3. | A resident of Coles, or adjoining counties, or willing to relocate to Coles or adjoining counties within six months from the date of employment. |
| 4. | Able to pass a written examination, medical examination, and/or other tests as required |
| 5. | Applicants must submit to fingerprinting by the Coles County Sheriff's Office |
| 6. | Deputy applicants must be able to complete a probationary period of one year plus training |
| 7. | Correctional Officers must be able to complete a probationary period of one year plus training |

PREFERENCE POINTS To Veterans with Honorable Discharge documentation from the United States Armed Services may be used for appointment or promotion by written notification for Deputy Sheriff and Correctional Officer.

| APPLICANT MUST: | |
|------------------------|---|
| 1. | Turn in completed application to the Coles County Sheriff's Office at 701 7 th St, Charleston IL 61920. Must include the signed Application Request and Release form. Applicants are encouraged to turn in completed applications as soon as possible. |

| APPLICATION MUST INCLUDE THE FOLLOWING: | |
|--|--|
| 1. | Copy of Birth Certificate |
| 2. | Copy of High School diploma or equivalent (GED) |
| 3. | And (if applicable) copies of proof of further education (original copies of transcript with raised seal) |
| 3. | Copy of proof of honorable discharge from active military service (if applicable), preferable a copy of DD 214 |

PLEASE NOTE: YOUR ORIGINALS WILL NOT BE RETURNED
PLEASE NOTE: You must bring some form of picture identification to ALL TESTING.

COLES COUNTY SHERIFF'S OFFICE

Instructions: Complete this application completely and accurately. All statements made in your application will be subject to verification. If you need additional space to respond to a particular question, use the space at the end of the application and number your response. Note those questions that do not apply to you by writing "N.A." for "not applicable".

| | |
|-----|---|
| 1. | Name (Last, First and Middle): |
| | |
| 2. | List any other name you have been known by, including maiden name or aliases: |
| | |
| 3. | Address: (Street, City, State, County, Zip Code) |
| | |
| 4. | Home Telephone Number: |
| | |
| 5. | Social Security Number: |
| | |
| 6. | Who lives with you at the above address: List full names and their relationship to you: |
| | |
| | |
| 7. | Date of Birth: |
| | |
| 8. | Place of Birth (City and State): |
| | |
| 9. | Sex |
| | |
| 10: | Height |
| | |
| 11. | Weight |
| | |
| 12. | Hair Color |
| | |

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| 13. | Eye Color | |
| 14. | List any scars, birthmarks, identifying marks, etc. | |
| 15. | Are you a citizen of the United States? If naturalized citizen, give details: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized Citizen | |
| 16. | List each member of your immediate family who is still living. (Include parents and siblings.): | |
| | Name | Relationship |
| | Complete Address | Occupation |
| | | |
| | | |
| | | |
| 17. | Emergency Contact Information | |
| | Name | Relationship |
| | Complete Address | Telephone # |
| | | |
| 18. | Do you use narcotics or barbiturates? If yes, give details: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. | Do you use alcohol habitually? If yes, give details: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20. | Are you prone to bouts of dizziness, blackouts, or seizures which would render you incapacitated? If yes, give details: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21. | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | |
| 22. | If married, are you living with your spouse currently? If no, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|-----|--|----------------------|--------------------|-------------------------|---------------------|---------------------------|
| 23. | Give information below regarding all marriages: | | | | | |
| | Date of Marriage | Location of Marriage | Wife's Maiden Name | Marriage ever Dissolved | Type of Dissolution | Phone Number of Ex-Spouse |
| | | | | | | |
| | | | | | | |
| 24. | Are you currently paying alimony or child support? Explain: | | | | | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
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| 25. | If divorced, list the names of your previous spouses and where they reside: | | | | | |
| | | | | | | |
| | | | | | | |
| 26. | List below every child born to you, adopted by you, or stepchildren: | | | | | |
| | Name | Date of Birth | Place of Birth | Lives with | Town or Residence | Phone # |
| | | | | | | |
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| 27. | Are you now supporting all children listed above? If no, explain: | | | | | |
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| 28. | Have you ever been involved as a defendant in a paternity proceeding? If yes, explain: | | | | | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
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EDUCATIONAL BACKGROUND

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|-----|----------------|-------------------|-----------------|----------------|----------|---------------|
| 29. | Name of School | Address of School | Number of Years | Dates Attended | Graduate | Grade Average |
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| 30. | List other special training you have received or professional licenses or certifications you hold or have held: |
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| 31. | Were you ever expelled or suspended from any school? If yes, give details: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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DRIVING HISTORY

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|-----|--|
| 32. | Can you operate an automobile? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| 33: | Do you have an Illinois Driver's License? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Date of Expiration: |
| | Driver's License # : |
| | |
| 34. | Has your license ever been suspended or revoked or placed on probation? If yes, explain: |
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| 35. | Have you ever possessed a Driver's License in another State? If yes, where? |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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PLACE OF RESIDENCE

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| 36. | List your address for the last ten years, starting with your present address: | | | | |
| | From | To | Address of Residence | City | State |
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| 37. | Current Residence: | | | | |
| | <input type="checkbox"/> Own <input type="checkbox"/> Rent | | | | |
| | Do you own other real estate? If yes, give location: | | | | |
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| 38. | If Renting, Name, address and Phone Number for the Landlord | | | | |
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MILITARY SERVICE

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| 39. | Have you ever served in the U. S. Military? | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | If yes, What branch of the Service? | | | | |
| | | | | | |
| | Highest rank held: | | | | |
| | | | | | |
| | Your rank at discharge: | | | | |
| | | | | | |
| | What is your service serial number: | | | | |
| | | | | | |
| | List period of active service and location of entrance to active duty: | | | | |
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| | List date and location of discharge: |
| | |
| | What type of discharge did you receive? |
| | |
| | Were you ever convicted at a court martial? If yes, explain: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | |
| 40. | Are you now or were you ever a member of the U. S. Military Reserves or National Guard? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list dates, branch, unit, rank: |
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| 41. | Were you ever subject to disciplinary action in the reserves or national guard? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, explain: |
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CRIMINAL HISTORY

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| 42. | Have you ever been fingerprinted by a police agency other than for an arrest? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, explain: |
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| | Have you ever been the victim of a crime: If yes, explain: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | Was this crime reported to the police? If so, Report Number and Agency |
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| | Have you ever been required to pay a fine in excess of \$25.00? If yes, explain: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | Have you ever been placed on probation? If yes, explain and list what County |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | |
| | Have you ever been arrested and/or convicted of a crime? If yes, explain: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 43. | Has any member of your immediate family ever been convicted for a serious crime? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, explain: |
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| 44: | List all traffic citations you have received, with date, nature of violation and outcome of case: |
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| 47. | Have you ever taken a civil service exam? If yes, give details: | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | | | | | |
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| | Have you ever applied with a law enforcement agency? If yes, give details: | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
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| | Were you ever rejected for any civil service position? If yes, give details: | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
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| 48. | List length of time you have received unemployment compensation, or other Federal, State or local benefits assistance: Also, list type of assistance. | | | | | |
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| 49. | Are you now or have you ever been engaged in any business as an owner, partner or corporate member? If yes, give details: | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
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| 50. | Were you ever discharged or asked to resign because of misconduct or unsatisfactory service or while under investigation? If yes, give details: | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
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CREDIT HISTORY

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|-----|--|-----------------|---------|--------|-------------|----------|
| 51. | List three commercial or business credit references (include bank accounts and loans): | | | | | |
| | Name of Firm | Address of Firm | Phone # | Amount | Date Closed | Comments |
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RELEASE OF AUTHORIZATION

The undersigned, for and in consideration of being allowed to participate in the pre-employment examination process for criminal justice agency employment by the Coles County Sheriff's Office, hereby releases and discharges the County of Coles, a body politic and corporate, its officers, employees, and agents, of and from any and all claims, demands, causes of action and liabilities to me, my heirs and my assigns, which may result for any and all losses and damages arising wholly or partially as a result of the examinations, and/or any pre-employment background investigations conducted by and for the Coles County Sheriff's Office.

The undersigned authorizes the release of medical, military, educational, credit, criminal history, work history, and personal information from all sources to the County of Coles for use in any pre-employment background examination.

Dated at Coles, Illinois this _____ day _____, 20_____

Signature: _____

Printed Name: _____