

Office of  
**SHERIFF OF FORD COUNTY**

**Mark R. Doran, Sheriff**

235 N. American St.

Paxton, Illinois 60957

Telephone: (217) 379-9470

E-mail Address: [fcsheriff@fcsheriff.com](mailto:fcsheriff@fcsheriff.com)

Fax: (217) 379-9489

**MEMORANDUM**

**TO: Applicants**

**FROM: Barb King**

**SUBJ: Application Packet Requirements**

Please ensure application and accompanying documents are filled out in their entirety. Past employment and reference information must have **COMPLETE ADDRESSES AND PHONE NUMBERS, INCLUDING ZIP CODES AND AREA CODES (USE BACK OF APPLICATION IF YOU NEED MORE WRITING SPACE)**. Background check authorization form must be notarized before submitted. Applicants are required to be fingerprinted by the Ford County Sheriff's Office when they submit their application packet.

Any application packets submitted without the above required information will automatically be disqualified.

FORD COUNTY  
SHERIFF'S OFFICE

Instruction Sheet

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1. The following documents must accompany the completed Application for Employment:

- \* Copy of birth certificate.
- \* Copy of Illinois drivers license.
- \* Copy of high school diploma or GED certificate.
- \* Copy of DD Form 214, Certificate of Release or Discharge from Active Duty (military veterans only).

\* Notarized "Authorization for Release of Information" form.

2. Applications must be **fully completed** and returned to the address listed below.

Ford County Sheriff's Office  
Attn: Barbara King, Chief Administrative Assistant  
235 N. American  
Paxton, IL 60957

# APPLICATION FOR EMPLOYMENT

FORD COUNTY SHERIFF'S OFFICE AND CORRECTIONAL FACILITY

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number (Voluntary)

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_<sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No  
 If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time (Please indicate 1 2 3 shift)  
 Part Time (Please indicate Mornings Afternoon Evenings)  
 Temporary (Please indicate dates available \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

## WORK EXPERIENCE

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

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Include explanation of any gaps in employment.


NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Empty box for specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Empty box for job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

Empty box for professional, trade, business or civic activities and offices held.

**ADDITIONAL INFORMATION**

**Other Qualifications** Summarize special job-related skills and qualifications acquired from employment or other experience.

Empty box for additional information.

**SPECIALIZED SKILLS (Skills/Equipment Operated)**

Form with fields for Terminal, Spreadsheet, Machinery (list), and Other (list).  
Terminal:       Spreadsheet:       Machinery (list): \_\_\_\_\_  
PC/MAC:       \_\_\_\_\_      \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

Empty box for additional information.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?       YES       NO

**PERSONAL/PROFESSIONAL REFERENCES** Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

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

\_\_\_\_\_  
Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



Have you ever been convicted of a criminal \*offense or have any pending criminal\* charges against you?

\*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes \_\_\_ (provide detail on separate page) No \_\_\_

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with the County of Ford. By signing below I hereby provide my authorization to the County of Ford to conduct a criminal background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AFFIDAVIT

State of Illinois  
County of Ford

Before me personally executed \_\_\_\_\_ who certified that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_