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
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

Pre-employment Qualifications

Applicants....Retain this sheet for your information

A. Applicants who desire employment with the Ford County Sheriff's Office as a Deputy Sheriff or Deputy Corrections Officer, Bailiff, or Courthouse Security shall satisfy the following criteria acceptable for employment:

1. US Citizen.

2. 21 years of age.

3. Possess a valid Illinois driver's license.

4. Possess a high school diploma or General Education Development (GED) certificate of completion.

5. Normal eyesight correctable to 20/20, and free of colorblindness.

6. Normal ability to speak clearly and concisely.

7. Weight commensurate with height, and in a physical condition acceptable for law enforcement or correction duties.

8. Have no convictions involving felony or serious misdemeanor offenses, or convictions related to moral turpitude.

9. Successful completion of pre-employment screening requirements which may include the following:

   - Background investigation
   - Physical examination *
   - Drug Screening*

   * At county expense, after a conditional offer of employment.

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).

* Recent full-length standard photograph (of applicant).
* 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

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?

☐ Advertisement ☐ Friend ☐ Inquiry
☐ Employment Agency ☐ Relative ☐ 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: ____:_____ AM PM

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

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____

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.

	Dates Employed		Work Performed
Employer	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact? ☐ Yes ☐ No	

	Dates Employed		Work Performed
Employer	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact? ☐ Yes ☐ No	

	Dates Employed		Work Performed
Employer	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact? ☐ Yes ☐ No	

	Dates Employed		Work Performed
Employer	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact? ☐ Yes ☐ No	

Comments: Include explanation of any gaps in employment.

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

Describe any 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:

ADDITIONAL INFORMATION

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

SPECIALIZED SKILLS (Skills/Equipment Operated)

___ Terminal
___ PC/MAC
___ Spreadsheet

Machinery (list)

Other (list)

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

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.			

NAME: ___ POSITION: ___ DATE: ___ / ___ / ___

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.

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Amsterdam

Notification and Authorization to Release Criminal Information for Employment Purposes

Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize the Ford County Sheriff's Office to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist the Ford County Sheriff's Office in collecting this information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position.

Position(s) Applied for:_____

County of Ford/Department: SHERIFF'S OFFICE

Please print (for identification purposes):

Full Legal Name:_____
First Middle Last

Other Names You Have Used in Past Seven Years:_____

Current Address:_____

Previous Address (most recent):_____

Phone Number:_____ Alternate Phone Number:_____

Date of Birth:_____ Gender: Female_____Male_____
Month/Day/Year

Driver's License #_____ State of Driver's License_____

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 _____