## SHERIFF'S MERIT COMMISSION

KANE COUNTY GOVERNMENT BUILDING Building A, Room 103

Peter Burgert, Chairman Todd Zies, Vice Chairman Jody Kanikula, Secretary Konenkathleen@co.kane.il.us



719 S Batavia Ave Geneva, IL. 60134 Phone: (630) 232-3558

# KANE COUNTY CORRECTIONS OFFICER APPLICATION 2019

## The Following Items Must Be Returned With Your Application:

- 1. Copy of a Valid Driver's License
- 2. Copy of Your Birth Certificate (This must be a copy, it is not returnable.)
- 3. Copy of Your High School Diploma, G.E.D., or Transcripts
- 4. Two (2) Passport Size Photos (2"x2")
- 5. Proof of Passing Power Test Within One Year Prior to the Written Exam

(IF YOU QUALIFY FOR MILITARY POINTS, YOU MUST PROVIDE A COPY OF YOUR MILITARY DISCHARGE (DD214).)

COLLEGE POINTS CAN ONLY BE USED FOR PROMOTIONAL TESTING.

# <u>DO NOT INCLUDE COLLEGE CREDENTIALS, OR ANY OTHER DOCUMENTATIONS WITH APPLICATION</u> ALL DOCUMENTATION SEPARATE FROM APPLICATION ARE TO BE PRESENTED AT THE TIME OF INTERVIEW.

- Be 21 at time of appointment (no upper age limit restrictions)
- Must pass the written test with 70% or better
- At time of application must attach proof of successfully completion of P.O.W.E.R Test administered within 12 months prior to test date
- Have a high school diploma or GED
- Possess a Valid Driver's License
- Pass background investigation and polygraph
- Be a citizen of the United States for at least one year
- Eyesight Correction to 20/20, be free of color blindness

*In addition, a physical exam will be required before being hired.* 

## Application Deadline is 4:00 p.m. on July 19, 2019.

All applications must be returned to the Merit Commission by July 19, 2019. If mailed, they must be postmarked no later than July 19, 2019. ANY APPLICATION POSTMARKED AFTER JULY 19, 2019, WILL BE REJECTED.

**Please Note:** If you have previously failed the background check from the Kane County psychological exam or polygraph exam within the past three (3) years, your application will not be accepted.

### DETACH THIS SHEET PRIOR TO SUBMITTING THIS APPLICATION

# CORRECTIONS 2019 INFORMATION FOR TEST

#### **ORIENTATION & WRITTEN**

JULY 30, 2019 5:30 P.M. CHAPELSTREET CHURCH **SOUTH ST. CAMPUS** 2300 South Street Geneva, IL. 60134

SHORT ORIENTATION FOLLOWED BY WRITTEN TEST

A GRADE OF 70% IS NECESSARY TO PASS. YOU WILL RECEIVE YOUR GRADE UPON COMPLETION OF THE TEST. IF YOU PASS THE WRITTEN EXAM YOU WILL BE GIVEN A TIME AND DATE FOR YOUR ORAL INTERVIEW.

DRIVERS LICENSE MUST BE PRESENTED AT TEST NO ONE WILL ENTER THE BUILDING AFTER 5:30

#### **ORAL INTERVIEWS WILL TAKE PLACE AT**

KANE COUNTY GOVERNMENT CENTER 719 BATAVIA AV. GENEVA, 60134 BUILDING "A" ROOM 103

DOORS CLOSE PROMPLY AT TEST TIME ANY APPLICANT NOT PRESENT WILL BE ELIMINATED

## **INSTRUCTIONS**

#### THIS APPLICATION MUST BE CLEARLY PRINTED IN BLACK INK OR TYPE WRITTEN

This sheet has been prepared to assist you in completing the application for the Kane County Sheriff's Office. Any questions that do not pertain to you, please answer with the letters N/A, meaning "Not applicable".

If additional space is needed for any section or questions on the application, or if you wish to furnish additional Information, attach sheets of the same size as this application, and number answers to correspond with the questions.

#### **PURPOSE AND USE**

The principal purpose of the employment application forms is to collect information needed to determine the qualifications, suitability, and availability of applicants for the Kane County Sheriff's Office employment. All or part of your completed Kane County Sheriff's application form may be disclosed outside the Kane County Sheriff's Office to:

- 1. Appropriate Federal, State, or local law enforcement agencies charges with the responsibility of investigating a violation alternatively, potential violation of the law.
- Appropriate Federal, State or Local agency maintaining records on you to obtain information relevant to a Kane County Sheriff's Office decision about you.
- 3. A requesting Federal, State, or local agency to the extent the Information is relevant to the requesting agency's decision.

#### **EFFECTS OF NON-DICLOSURE**

It is in your best interest to answer all questions asked on the application. Omission of an item means you might not receive full consideration for a position in which this information is needed. A false answer to a question on the employment application may be grounds for not employing you, or for dismissing you after you begin work. All information you give will be considered in reviewing your statement.

THE KANE COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

**DETACH THIS INFORMATION SHEET PRIOR TO SUBMITTING APPLICATION** 

# **CORRECTIONS 2019**

## **PLEASE PRINT LEGIBLE**

| NAME                   |             |        |          |
|------------------------|-------------|--------|----------|
| LAST                   | FIRST       |        | MIDDLE   |
|                        |             |        |          |
| ADDRESS                |             |        |          |
|                        |             |        |          |
| CITY                   | STATE       | ZIP    | <u>-</u> |
|                        |             |        |          |
| PRIMARY PHONE          |             |        |          |
|                        |             |        |          |
| E-MAIL (PRINT CLEARLY) |             |        |          |
|                        |             |        |          |
|                        |             |        |          |
|                        | OFFICE USE: | PAID   |          |
|                        |             | CASH:  |          |
|                        |             | CHECK. |          |

# **IDENTIFICATION**

| CORRECTIONS         |                        |                      | DATE   |        |
|---------------------|------------------------|----------------------|--|--------|
| Candidate's Name: _ | <br>Last               | First                | <br>Middle   |        |
|                     | Last                   | FIISL                | ivilaale   |        |
| Address             |                        | ,                    | Apt.   |        |
| City                | County                 | State                | Zip  |        |
| ( )                 |                        |                      | ( )  |        |
| Primary Phone       |                        |                      | Work   |        |
| E-mail              |                        |                      |  |        |
| Social Security No  |                        | _ Driver's License I | Vo   |        |
|                     |                        |                      | State Issued   | -      |
| Place of Birth      | County                 |                      | Birthdate  |        |
| City                | County                 | State                |  |        |
|                     | been taken not more tl |                      | me on the back of the photo.  o the date of application and a 2"x2" size | e with |
| ATTA                | ACH PHOTO HERE         |                      | ATTACH PHOTO HERE  |        |
|                     |                        |                      |  |        |
|                     |                        |                      |  |        |
|                     |                        |                      |  |        |
|                     |                        |                      |  |        |
|                     |                        |                      |  |        |
|                     |                        |                      |  |        |
|                     |                        |                      |  |        |
|                     |                        |                      |  |        |
|                     |                        |                      |  |        |

# **PERSONAL HISTORY**

| Name (Last, First, Middle)  |
|---|
| List all other names you have used including nicknames                              |
| Have you ever legally change your name  |
| Have you ever filed an application with the Kane County Sheriff's Office? Yes No    |
| What position? Date   |
| Have you ever applied for employment with other law enforcement agencies? Yes No    |
| What agencies and what position?  |
| With what results?  |
|   |
| Indicate any law enforcement education/training                                     |
|   |
| Do you speak, read or write any foreign languages? Yes No                           |
| If yes describe   |
| Are you a United State Citizen? Yes No  |
| By Birth By Naturalization By Derivative  |
| If by naturalization, give naturalization number, date, place, and court of decree. |
|   |
| If by derivative, explain through whom your citizenship was obtained.               |
| Circle correct answer: Single Married Separated Divorced Widowed                    |
| Number of Children  |

|                           |                | COURT             | DATA                 |       |            |
|---------------------------|----------------|-------------------|----------------------|-------|------------|
| 1. Have you ever been     | charged with   | any traffic viola | tions?               | Yes   | No         |
| 2. Has your Driver's Lice | ense ever bee  | en revoked or su  | spended?             | Yes   | No<br>_ No |
| 3. Have you ever been a   | arrested or cl | harged with any   | criminal violations? | Yes   | No         |
|                           |                |                   |                      |       |            |
|                           |                |                   |                      |       |            |
| PLACE AND DEPARTMEND      | DATE           | CHARGE            | COURT & PLFA         | DISPO | OSITION    |
| PLACE AND DEPARTMEND      | DATE           | CHARGE            | COURT & PLEA         | DISPO | OSITION    |
| PLACE AND DEPARTMEND      | DATE           | CHARGE            | COURT & PLEA         | DISPO | OSITION    |
| PLACE AND DEPARTMEND      | DATE           | CHARGE            | COURT & PLEA         | DISPO | OSITION    |
| PLACE AND DEPARTMEND      | DATE           | CHARGE            | COURT & PLEA         | DISPO | DSITION    |

# **CONTROLLED SUBSTANCES**

| heroin, cocaine, st | e used illegal drugs or<br>eroids or any other d<br>ES explain in detail ar | rug. Yes | No | • • • • • | ners |
|---------------------|---|----------|----|-----------|------|
|                     |   |          |    |           |      |
|                     |   |          |    |           |      |
|                     |   |          |    |           |      |
|                     |   |          |    |           |      |

## **RESIDENCES**

Chronologically list all your residence in the past three (3) years

| Dates/Mo./Yr. | То | Street Address/ Apt. No. | City/County | State/Zip |
|---------------|----|--------------------------|-------------|-----------|
| 1.            |    |                          |             |           |
|               |    |                          |             |           |
| 2.            |    |                          |             |           |
|               |    |                          |             |           |
| 3.            |    |                          |             |           |
|               |    |                          |             |           |
|               |    |                          |             |           |

# EDUCATION/TRAINING

| 1. High School                     | Dates<br>Attended | Years Completed | Did you<br>Graduate? | Type of Diploma |
|------------------------------------|-------------------|-----------------|----------------------|-----------------|
| 2. College                         | Dates<br>Attended | Years Completed | Did you<br>Graduate? | Type of Degree  |
| 3. Other Schools                   |                   |                 |                      |                 |
| Trade, Vocational<br>Miscellaneous |                   |                 |                      |                 |
|                                    |                   |                 |                      |                 |
|                                    |                   |                 |                      |                 |

# **MILITARY DATA**

| Branch of Service:                                       |   |                | Rank:             |                          |
|--|---|----------------|-------------------|--------------------------|
| From:  | To:   |                |                   |                          |
|  |   |                |                   |                          |
| Was any type of disciplinary                             | action taking against you in o if yes please p  | n the services | s? Be sure to inc | lude non-judicial        |
|  | member of the Reserve Uni   |                |                   |                          |
|  | eceived while in the Military   |                |                   |                          |
|  | PHYSI   | ICAL DA        | TE                |                          |
| igure which would preclude                               | oblems such as but not limite, restricted regular participal aining and defensive tactics | ation in all p | hases of the Kan  | e County Sheriff's Offic |
| Have you ever-received com For physical problems? Yes_   | pensation or pension benef  | fits, or inten | d to apply for pe | nsion or compensation    |
| f yes, specify what kind, gra<br>Administration Claim #. | nted by whom, and what ar   | mount, wher    | n and why. If ap  | olicable, include Vetera |

# **EMPLOYMENT HISTORY**

Begin with the most recent and work back, include military experience.

| 1. Employer                | Dates employed                          | Salary |             |
|----------------------------|---|--------|-------------|
| Supervisor's name          |   |        |             |
|                            |   |        |             |
| From                       |   |        |             |
| То                         | Full Time                               |        |             |
| Employer city, state       |   |        |             |
| 2. Employer                | Dates Employed                          | Salary |             |
|                            |   |        |             |
|                            |   |        |             |
| From                       |   |        |             |
| То                         | Full Time                               |        |             |
| Employer city, state       |   |        |             |
| Do we have your permission | to contact your employer? Yes           | No     |             |
|                            | ed or asked to resign from any employme |        | No          |
|                            |   |        |             |
|                            |   |        | <del></del> |

## **REFERENCES**

List three references you have known for at least 5 years

| Name             | Name             | Name             |  |
|------------------|------------------|------------------|--|
| Phone            | Phone            | Phone            |  |
| Years Acquainted | Years Acquainted | Years Acquainted |  |
| Occupation       | Occupation       | Occupation       |  |
| Address          | Address          | Address          |  |

## **ORGANIZATION MEMBERSHIP**

List all clubs of which you belong

| Name     | Name    | Name     |
|----------|---------|----------|
|          |         |          |
|          |         |          |
| Address  | Address | Address  |
| 1.00.000 |         | 7.00.000 |
|          |         |          |
|          |         |          |

# **RELATIVES**

Applicants must give information concerning their relatives.

| Fathers Name          | Mothers Name          |
|-----------------------|-----------------------|
| City State Address    | City State Address    |
| Occupation/Employment | Occupation/Employment |
| Place of Birth        | Place of Birth        |

| Spouse Name (Maiden Name) |
|---------------------------|
| City state address        |
| Occupation                |
| Place of Birth            |

## Children

| Name           | Name           |
|----------------|----------------|
|                |                |
| Place of Birth | Place of Birth |
|                |                |
| Name           | Name           |
|                |                |
| Place of Birth | Place of Birth |
|                |                |

I certify that the facts contained in this application are true and complete to the best of my knowledge.

I understand that any false statements, omissions, or misrepresentations on this application, or false statements made during the employment process may be considered sufficient cause for rejection, of this application, or dismissal if I have been employed no matter when discovered.

I hereby authorize the Kane County Sheriff's Merit Commission to thoroughly investigate my background, references, employment record, driving record, and other matters related to my suitability for employment and, further authorize my former employers or any third party to disclose to the Kane County Sheriff's Merit Commission all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. In addition, I hereby release the Kane County Merit Commission, the Kane County Sheriff, former employers and all references listed above, from all claim, demands or liability arising out of or related to such investigation or disclosure.

I understanding that filling out this form does not indicate there is a position open and does not obligate the Kane County Sheriff or the Kane County Sheriff's Merit Commission to hire me. If hired, I agree to abide by all rules, policies, and procedures relating to work performance and conduct as established by both the Kane County Sheriff and the Kane County Merit Commission.

I understand that nothing containing in this application or conveyed during any interview, which may be granted, is intended to create an employment contact. I further agree that if I am hired my employment is for no definite period, and that I may be terminated at will subject to applicable policies and agreements.

I understand that all appointments and probationary for a period of one year during which I must demonstrate my fitness for continued employment by the Kane County Sheriff's Office. I also understand that in many parts of the Sheriff's Office it has been necessary to establish regular night and midnight shifts in view of which I must be completely available for such assignments as the needs might arise.

I further understand that any appointment tendered me will be contingent upon the results of a compete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from Kane County Sheriff's Office.

I agree to these conditions, and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

| Signature of Applicant | Please print name | Date |
|------------------------|-------------------|------|

### APPROVAL FOR BACKGROUND INVESTIGATION

As a Merit Commission Candidate, I do hereby certify that I am applying for a position with the Sheriff's Office of Kane County. I further declare that questions answered by me on the application for employment are true and correct. I understand that any discrepancy will result in my application not being accepted.

I further realize a full background investigation will be done. I hereby authorize individuals contacted to supply pertinent information. I will hold no one liable who supply information, regardless of whether or not I am hired.

The Kane County Sheriff's Merit Commission on this date October 6, 1990 hereby authorizes the Kane County Sheriff's Office to use such information set forth in Title 28, code of Federal Regulations 9CFR) Section 50.12, both governmental and non-governmental entitles for all Merit Commission applicants.

Beginning August 1, 1991 all Deputies after completing the 400 hour Basic Law Enforcement course must successfully complete a Field Training Program, by meeting pre-existing criteria and standards set by Departmental Memorandum and Operating Procedures, as evaluated and documented by field training Officers and Patrol Sergeants, and reviewed by the Patrol Commander and the Sheriff.

| NAME              |      | <br> |
|-------------------|------|------|
| PLEASE PRINT NAME |      | <br> |
| DATE              | <br> | <br> |

I HAVE READ THE ABOVE: