SHERIFF'S MERIT COMMISSION

KANE COUNTY GOVERNMENT BUILDING Building A Room 103

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



719 S Batavia Ave Geneva, IL. 60134 Phone: 6302323558 Fax: 6302086643

KANE COUNTY CORRECTION APPLICATION

THE FOLLOWING ITEMS MUST BE RETURNED WITH YOUR APPLICATION

- COPY OF VALID DRIVER'S LICENSE
- 2. COPY OF YOUR BIRTH CERTIFICATE (THIS MUST BE A COPY IT IS NOT RETURNABLE)
- COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED.
- 4. TWO (2) PASSPORT-SIZE PHOTO
- IF HONORABLE DISCHARGED INCLUDE A COPY OF YOUR DD214
- 6. EDUCATIONAL POINTS, IF APPLICABLE, INCLUDE A COPY OF A COLLEGE DIPLOMA

REQUIREMENTS INCLUDE

- Be 21 at the time of appointment (no upper age limit restrictions)
- Be a citizen of the United States for one (1) year
- No felony convictions
- Eyesight correctable to 20 20, vision free from color blindness
- Be a resident of Illinois living within 75 miles of the Kane county seat, Geneva, IL.
- Pass polygraph exam, psychological testing, and background check
- In addition, a physical exam will be required before being hired
- prior to the appointment to the Sheriff's Office.
- Have a high school diploma or GED
- Must pass the written test with 65% or better
- Possess a valid Driver's License
- Must possess a valid FOID card

Application Deadline April 30, 2023 Mail-in applications must be postmarked on April 27

Applications may be returned in person with the fee of \$15 cash to the Merit Commission's Office between 8:30-2:30 or via US Mail with a \$20.00 check made out to the Kane County Treasurer.

Please Note: If you have previously failed the background check from Kane County psychological exam or polygraph exam you must wait one (1) year to reapply.

CORRECTIONS INFORMATION FOR TEST

ORIENTATION & WRITTEN

Kane County Government Building (Building A) 719 Batavia Ave. Geneva, IL. 60134

TEST DATE AND TIME

MAY 8, 2023 5:30 pm

Short orientation followed by written test

A grade of 65 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. Oral interviews will begin May 9, 6:00 PM

Driver's license must be presented at the test No one will enter the building after 5:30

ORAL INTERVIEWS WILL TAKE PLACE AT

Kane County Government Center 719 Batavia Av. Geneva, IL. 60134

DOORS CLOSE PROMPLY AT 5:30 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.

CORRECTIONS OFFICER 2023

IF FILLING OUT BY HAND, PLEASE PRINT LEGIBLY.

NAME			
LAST	FIRST		MIDDLE
ADDRESS			
CITY	STATE	ZIP	
PRIMARY PHONE			
E-MAIL (PRINT CLEARLY)			
	OFFICE USE:	PAID:	
		CASH:	
		CHECK:	

THE FOLLOWING ITEMS MUST BE ATTACHED TO YOUR APPLICATION

- 1) COPY OF VALID DRIVER'S LICENSE
- 2) COPY OF YOUR BIRTH CERTIFICATE
- 3) COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED
- 4) IF HONORABLE DISCHARGED INCLUDE A COPY OF YOUR DD214
- 5) EDUCATIONAL POINTS, IF APPLICABLE, INCLUDE A COPY OF A COLLEGE DIPLOMA

IDENTIFICATION

CORRECTIONS OFFICE	ER		DATE	
Candidate's Name:	Last	First	Middle	
Address			Apt.	
City	County	State	Zip	
Primary Phone			Work	
E-mail				
Driver's License No			State Issued	
Place of Birth			Birthdate	
City	County	State		
	been taken not more ti		name on the back of the photo. r to the date of application and a	2"x2" size with
ATTA	CH PHOTO HERE		ATTACH PHOTO HER	RE

PERSONAL HISTORY

Name (Last, First, Middle)
List all other names you have used including nicknames
Have you ever legally change your name. Yes No
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.

COURT DATA

 Have you ever been Has your Driver's Lice Have you ever been 	ense ever bee	en revoked or su	spended?	Yes Yes Yes	No No No	
you have answered yes, plea	se explain.					
						_
PLACE AND DEPARTMEND	DATE	CHARGE	COURT & PLEA	DISPC	SITION	
	CON	ITROLLED	SUBSTANCES			
Do you use or have used illega neroin, cocaine, steroids or an f your answer is YES explain in	y other drug.	Yes No	-	uppers/do	owners	
					·	

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 Attended	Years Completed	Did you Graduate?	Type of Diploma
2. College	Dates Attended	Years Completed	Did you Graduate?	Type of Degree
	Attended		Graduate:	
3. Other Schools Trade, Vocational Miscellaneous				

MILITARY DATA

Have you ever served on active duty in t If yes, please attach a copy of your DD-2	the Armed Forces of the United States? Yes No 214
Branch of Service:	Rank:
From:	To:
Type of Discharge:	if less than honorable. Explain
Was any type of disciplinary action takir punishment Yes No if yes plo	ng against you in the services? Be sure to include non-judicial ease provide the nature of offense and action taken
Are you now or ever been a member of	the Reserve Unit or National Guard? Yes No
List any rewards or medals received whi	ile in the Military

EMPLOYMENT HISTORY

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

1. Employer	Dates employed	
Supervisor's name		
From	Part Time	
То	Full Time	
Employer city, state		_
2 Employer	Dates Employed	
	butes Employed	
From		
То	Full Time	
Employer city, state		_
	n to contact your employer? Yes No	
Have you ever been dismiss	ed or asked to resign from any employment or position? Yes	No
If yes, explain:		

REFERENCES

List three references you have known for at least 5 years

Name	Name	Name
Trume	Trume	Traine .
Phone	Phone	Phone
Years Acquainted	Years Acquainted	Years Acquainted
Tears requamited	rears / toqualited	Tears / requarities
Occupation	Occupation	Occupation
Occupation	Occupation	Occupation
Address	Address	Address
Address	Addiess	Addiess

ORGANIZATION MEMBERSHIP

List all clubs of which you belong

Name	Name	Name
Address	Address	Address

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/Type 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 entities 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 Sergeants, and reviewed by the Commander and the Sheriff.

Signature of Applicant	Please print name	Date
I HAVE KEAD THE ABOVE.		

I HAVE DEAD THE ABOVE.

Please save this application to your desktop then submit it as an attachment to KonenKathleen@co.kane.il.us or click on button below.

Thank you.