

COUNTY OF DEKALB  
APPLICATION FOR DEPUTY SHERIFF

Processing Fee - \$25.00\* - Check or Money Order **ONLY**  
Make checks payable to DeKalb County Merit Commission  
Checks must accompany your completed application

**FEE IS NON-REFUNDABLE**

\*fee does not apply for Armed Forces Veterans or Active Duty

2011-2012

CORRECTIONS/PATROL  
DIVISION

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_  
                    City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Pager # \_\_\_\_\_

Do you have a valid Illinois Drivers License? \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ How long at the above address? \_\_\_\_\_

Please list any other addresses for the last 10 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

U.S. Citizen? Y N      If naturalized please give date: \_\_\_\_\_  
(attach copy of naturalization papers)

EDUCATION

Name of High School \_\_\_\_\_

Diploma, degree or highest grade completed? \_\_\_\_\_

Name of College: \_\_\_\_\_

Diploma, degree or highest level completed? \_\_\_\_\_

Please list any other special training, apprenticeships, correspondence courses, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MILITARY SERVICE

Have you ever been in the military or any full time National Service  
Organization? \_\_\_\_\_

If yes: What branch \_\_\_\_\_ Date of enlistment & Discharge \_\_\_\_\_

Ranks held \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Serial Number \_\_\_\_\_

Are you a member of the Military Reserve? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

GENERAL INFORMATION\*\*

Have you ever been arrested? \_\_\_\_\_ If so, what was the charge, date and disposition of the Case? \_\_\_\_\_

Other Involvement in Illegal Activity? \_\_\_\_\_

Is your vision 20/20 corrected?    Y    N

\*\*No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

Can you operate a computer? \_\_\_\_\_ If yes, what programs are you familiar with: \_\_\_\_\_

Do you know of anyone who may try to injure you in any way and why? \_\_\_\_\_

Can you speak, read or write any foreign language? Specify \_\_\_\_\_

Have you been active in athletics? (If yes, please describe) \_\_\_\_\_

Do you read much? \_\_\_\_\_ Name some books you have read in the past year: \_\_\_\_\_

If you have any hobbies, please list them: \_\_\_\_\_

Give names and relationships of any relatives now in County service: \_\_\_\_\_

REFERENCES:

Provide three people, other than relatives or past employers, who know you well enough to give information about you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

FINANCIAL INFORMATION

List indebtedness, if over \$10,000, for either you or your spouse. Include bank loans, credit cards, credit unions, contracts and any other outstanding debt.

Lender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date First Occurred: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Original Amount: \_\_\_\_\_

Lender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date First Occurred: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Original Amount: \_\_\_\_\_

Lender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date First Occurred: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Original Amount: \_\_\_\_\_

Have you applied to the Sheriff's Office for this position within the last two years?  
Yes \_\_\_ No \_\_\_ If yes what year? \_\_\_\_\_ What was disposition? \_\_\_\_\_

WORK HISTORY

List your work history completely, start with present employment and work back. (Account for any periods of unemployment). If needed, attach additional employment.

Started: \_\_\_\_\_ Left \_\_\_\_\_ Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Wages: \_\_\_\_\_

Started: \_\_\_\_\_ Left \_\_\_\_\_ Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Wages: \_\_\_\_\_

Started: \_\_\_\_\_ Left \_\_\_\_\_ Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Wages: \_\_\_\_\_

Started: \_\_\_\_\_ Left \_\_\_\_\_  
Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Wages: \_\_\_\_\_

If now employed, can we contact your present employer as a work reference? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Essential functions of a Deputy include, but are not limited to:

- \*Performing duties during high mental and emotional stress situations.
- \*Performing duties in an enclosed smoke free environment.
- \*The possibility of physical altercations and/or apprehension of defendants, jail inmates, or others.
- \*Working on any assigned shift. (i.e. day, evening or midnight shifts)

Is there any reason you cannot perform the essential functions of Deputy Sheriff as listed above? \_\_\_\_

If yes, please specify: \_\_\_\_\_

What prompted you to make application to the Sheriff's Office? \_\_\_\_\_

Have you any special interests in police work? \_\_\_\_\_

How did you hear about our testing process?

1. Newspaper? Y N If yes, which one? \_\_\_\_\_
2. Word of mouth? Y N Blue Line Y N
3. Other \_\_\_\_\_

You may indicate in the space below and on additional sheets, if necessary, such as experience/training you have had which will qualify you for the position you are applying for. \_\_\_\_\_

All applicants must sign the following:

I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected, and I will be disqualified from applying in the future for any position in the service of the County of DeKalb.

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

\_\_\_\_\_  
Date

PLEASE ENCLOSE THE FOLLOWING ALONG WITH THIS APPLICATION:

1. PHOTO OF YOURSELF
2. A COPY OF BIRTH CERTIFICATE
3. A COPY OF HIGH SCHOOL DIPLOMA OR A SEALED OFFICIAL CERTIFIED COLLEGE TRANSCRIPT
4. PROCESSING FEE OR COPY OF DD214

Mailing Address is: **DeKalb County Sheriff's Office Merit Commission**  
150 N. Main St. Sycamore, IL 60178