

List every member of your immediate family who are still living (include parents and siblings):

Name	Relationship	Address	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all previous addresses for the past 10 years:

Date	Street Address	City and State	If rented, name of landlord
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List those individuals with whom you have resided during the past 10 years:

Name	Current Address	City and State	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever served in any military organization in the United States? _____ Yes _____ No

Dates of Service: _____ Branch and Location: _____

Service Serial Number: _____ Highest Rank: _____

Date of Discharge: _____ Rank at Discharge: _____

Type of Discharge: _____ Honorable _____ Dishonorable _____ Other

List any disciplinary action taken against you during your service in the military:

EDUCATION

Elementary School: _____

Location: _____

Dates Attended: _____

Level Completed: _____

High School(s): _____

Location: _____

Location: _____

Dates Attended: _____

Level Completed: _____

Junior College: _____

Location: _____

Dates Attended: _____

Level Completed: _____

College or University: _____

Location: _____

Dates Attended: _____

Level Completed: _____

Major Area of Study: _____

Have you completed any business (or special training) apprenticeships, correspondence courses, etc? If so, please list, including course name, location and number of hours completed.

Have you even been expelled or suspended from any school? _____ Yes _____ No

If yes, explain: _____

EMPLOYMENT HISTORY

List all jobs you have held for the past 10 years, beginning with the current or most recent job.

Employer: _____ Phone: _____

Address: _____

Title and Job Duties: _____

Supervisor: _____ May we contact? _____

Reason for Leaving: _____

Employer: _____ Phone: _____
Address: _____
Title and Job Duties: _____
Supervisor: _____ May we contact? _____
Reason for Leaving: _____

Employer: _____ Phone: _____
Address: _____
Title and Job Duties: _____
Supervisor: _____ May we contact? _____
Reason for Leaving: _____

Employer: _____ Phone: _____
Address: _____
Title and Job Duties: _____
Supervisor: _____ May we contact? _____
Reason for Leaving: _____

Were you ever been fired or asked to resign because of misconduct, unsatisfactory service or while under investigation for any on the above listed employers? _____ Yes _____ No
If "Yes" please give details (including when, where and circumstances): _____

Any extended work absences for reasons other than earned vacation? _____ Yes _____ No
If "Yes" please explain (including when, where and circumstances): _____

SKILLS

Do you type? _____ Yes _____ No Words Per Minute: _____

Shorthand? _____ Yes _____ No

Computer Experience: _____

Business Machines: _____

Equipment You Can Operate: _____

What special skills and qualifications do you have? Please include any information you think would be helpful to us in considering you for employment; such as additional work experience, activities, accomplishments, honors, etc.

List any languages, other than English, that you are able to speak, read and/or write:

ADDITIONAL INFORMATION

Are you able to operate an automobile? _____ Yes _____ No

Do you have a valid driver's license? _____ Yes _____ No License Type: _____
License Number: _____ Expiration Date: _____

List other states you have been issued a driver's license: _____

Have you ever been refused a driver's license? _____ Yes _____ No
If "Yes", explain: _____

Has your license ever been suspended or revoked? _____ Yes _____ No
If "Yes", explain: _____

Has your license ever been placed on probation? _____ Yes _____ No
If "Yes", explain: _____

1. Do you know of any reason that you could not pass a background check? _____ Yes _____ No
2. Have you ever stolen from an employer? _____ Yes _____ No
3. Have you ever committed a crime for which you were not arrested? _____ Yes _____ No
4. Have you ever assisted someone in committing a crime? _____ Yes _____ No
5. Have you ever falsified a police report? _____ Yes _____ No
6. Have you ever accepted money not to report a crime? _____ Yes _____ No

**If you answered yes to questions 1 through 6, please write a brief explanation for that question on the back of this page, listing the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer doesn't automatically eliminate you from consideration from employment. Your omission of these facts will automatically eliminate you from consideration.

LEGAL

List all traffic citations (excluding parking citations) you have received.

Date	Arresting Agency	Nature of Violation

Have you ever been arrested or convicted of any criminal offense? _____ Yes _____ No

Date	Arresting Agency	Charge	Disposition

Have you ever been required to pay a fine in excess of \$100.00? _____ Yes _____ No

If "Yes", explain _____

Have you ever been reported as a missing person or runaway? _____ Yes _____ No

If "Yes", explain _____

Have you ever been the victim of a crime? _____ Yes _____ No

If "Yes", explain _____

Was the crime reported? _____

Have you ever been involved in a motor vehicle accident, as a driver, passenger or pedestrian?

_____ Yes _____ No If "Yes", explain _____

Have you ever been involved as a plaintiff or defendant in any civil court action? ___ Yes ___ No

If "Yes", please give details (including when, where, name and location of court and circumstances): _____

Have you ever submitted an application for employment as a law enforcement officer, correctional officer, security guard or telecommunicator with this or another agency?

_____ Yes _____ No

Position Applied For	Agency	Application Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been a law enforcement officer, correctional officer, security guard, telecommunicator, or similar position with this or another agency? _____ Yes _____ No

Position Held	Agency	Dates
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_____	_____	_____
_____	_____	_____

Explain your reason for submitting this application: _____

Do you know of anything that might disqualify your appointment to this office? ____ Yes ____ No
If "Yes", explain _____

Are you willing to take physical, psychological and polygraph test to be paid for by Sheriff's Office? _____ Yes _____ No

If hired, when could you start work? _____

REFERENCES

List three adults, not related to you or former employers, who have known you for a period of time, preferably more than five years and can attest to your character, ability, experience, personality and other qualities.

Name & Relationship	Address	Telephone
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_____	_____	_____
_____	_____	_____

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission on this application shall be considered cause for dismissal.

Date

Signature

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the execution of this form, I _____ authorize the Ogle County Sheriff's Office to conduct an investigation into all aspects of my qualifications and background. I also authorize any individual, organization or agency which maintains records relating to me to provide these records on request to any representative of the Ogle County Sheriff's Office conducting such an investigation. This authorization includes, but is no limited to, employment, credit and criminal history records. The intent of this authorization is to give my consent to full and complete disclosure of medical, criminal, driver's license, internal investigation, military, education and financial institutions, attorney's and counselors, employment and pre-employment records, background reports, efficiency ratings and complaints, whether privileged or not.

I also certify that any person(s) who may furnish such information concerning me, whether from record or recollection, shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability for damages of whatever kind resulting to me, my heirs or assigns.

Signature

Date

Print Name (First, Middle, Last)

Maiden Last Name, former Maiden name

Current Street Address

City/State/Zip

Social Security Number

Date of Birth

Authorization for Appointment/Employment Credit Report

I authorize the Ogle County Sheriff's Office to obtain a credit report on myself through the credit reporting agency of its choice. The Ogle County Sheriff's Office will procure a credit report concerning my employment. If an adverse employment decision is made due totally or partially to the information on the credit report, the Ogle County Sheriff's Office will provide me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them, if I wish.

Signature

Date

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20__.

Notary Public