

**CARROLL COUNTY SHERIFF'S OFFICE**

301 N. Main St. Mt. Carroll, IL 61053

Sheriff Ryan Kloepping

SUPPORT STAFF APPLICATION FOR EMPLOYMENT

We consider applicants for positions without regard to race, color, religion, sex, national origin, ancestry, age, order of protection status, marital or veteran status, sexual orientation, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position applied for: ☐ Secretarial ☐ Maintenance ☐ Housekeeping

INSTRUCTIONS: TYPE OR PRINT CLEARLY USING INK. Read every question carefully and answer completely and accurately. Use the term 'DNA' (Does Not Apply) if the question does not apply to your application. All statements are subject to verification. Document has digital signatures enabled and may be submitted electronically. All digital signatures shall be considered equivocal in all ways to a physical signature.

Personal Information

Name (Last, First, MI)				Date of Birth		Social Security Number	
Are there any other names (maiden name, nicknames, aliases) that you have used or are known by? ☐ Yes ☐ No				If yes, list below			
Sex ☐ Male ☐ Female		Height	Weight	Eyes	Hair	U.S. Citizen? ☐ Yes ☐ No	
Street Address			City		State	Zip Code	
Email Address			Home Phone		Cell Phone		
Do you possess a valid driver's license? ☐ Yes ☐ No		Driver's License Number		DL State		DL Expiration Date	
Please list all previous addresses for the past five (5) years. Use additional sheets if necessary.							
Dates	Street Address					City, State	

Military

Have you ever served in any military organization in the United States? ☐ Yes ☐ No			
Dates of Service	Branch and Location	Service Serial No.	Highest Rank
Type of Discharge	Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserves? ☐ Yes ☐ No Explain:		



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Education

The Carroll County Sheriff's Office requires its employees to possess a high school diploma or its equivalent prior to employment. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes and completing other entries.

☐ I possess a high school diploma. ☐ I passed the General Educational Development (G.E.D.) Exam

School	Name & Address of School	Course of Study	Graduate?	List Diploma or Degree
Elementary		DNA	☐ Yes	DNA
			☐ No	
High			☐ Yes	
			☐ No	
Junior College			☐ Yes	
			☐ No	
College			☐ Yes	
			☐ No	

Have you ever been expelled from any school? ☐ Yes ☐ No If yes, explain below:

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.

List any languages (other than English) you are able to speak, read, and/or write.

Are you able to type? ☐ Yes ☐ No If yes, WPM? _____

Are you able to operate a motor vehicle? ☐ Yes ☐ No

Summarize any special skills or qualifications you have for this job.

List any special equipment you are able to operate:



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Special Skills

Have you any experience/knowledge of the following?	
Electricity ☐ Yes ☐ No	Explain:
Plumbing ☐ Yes ☐ No	Explain:
Heating ☐ Yes ☐ No	Explain:
Carpentry ☐ Yes ☐ No	Explain:
Painting ☐ Yes ☐ No	Explain:
Floors ☐ Yes ☐ No Include floor stripping/waxing	Explain:

Criminal/Civil History

1. Have you ever been convicted of, or plead guilty to, a misdemeanor or felony other than a traffic citation? ☐ Yes ☐ No
2. Have you ever been issued a traffic citation? ☐ Yes ☐ No
3. Have you ever been refused a driver's license? ☐ Yes ☐ No
4. Has your driver's license ever been suspended, revoked, or otherwise not valid? ☐ Yes ☐ No
5. Have you ever had to pay a fine in excess of \$100,000? ☐ Yes ☐ No
6. Have you ever been reported as a missing person or runaway? ☐ Yes ☐ No
7. Have you ever been the victim of a crime? ☐ Yes ☐ No If yes, was it reported to police? ☐ Yes ☐ No
8. Have you ever been involved in a motor vehicle accident as a driver or pedestrian? ☐ Yes ☐ No
If you answered "Yes" to any of the above, indicate the item number and explain in detail (including all charges, dates, dispositions, and circumstances). You are not required to disclose any sealed or expunged criminal records.



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Employment History

Beginning with your most recent/current employment, list all jobs including full time, part time, temporary, and voluntary positions you have held in the past five (5) years. For identification and verification, please indicate the nature of activity including whether employment is full or part time, temporary, or voluntary, and description of responsibilities and duties. If additional space is needed, use a separate sheet. If you have had intervening periods of military service and/or unemployment, please document those periods.

Employer:	Date Employment Started/Ended:
Address:	Position/Title:
Telephone:	Reason Left:
Nature of Duties:	Supervisor's Name & Title:
May we contact this employer? ☐ Yes ☐ No	
Employer:	Date Employment Started/Ended
Address:	Position/Title:
Telephone:	Reason Left:
Nature of Duties:	Supervisor's Name & Title:
May we contact this employer? ☐ Yes ☐ No	
Employer:	Date Employment Started/Ended
Address:	Position/Title:
Telephone:	Reason Left:
Nature of Duties:	Supervisor's Name & Title:
May we contact this employer? ☐ Yes ☐ No	
Employer:	Date Employment Started/Ended
Address:	Position/Title:
Telephone:	Reason Left:
Nature of Duties:	Supervisor's Name & Title:
May we contact this employer? ☐ Yes ☐ No	



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Employment History (cont.)

Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation? ☐ Yes ☐ No If yes, explain below:

Are you now, or have you been, engaged in any business or a corporate member? ☐ Yes ☐ No
If yes, explain:

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, who can attest to your character, ability, experience, personality, and other qualities.

Name & Relationship	Address	Phone Number

List professional, business, or civic associations and offices held. Please exclude memberships which would reveal race, religion, sex, age, national origin, ancestry, or other protected status.

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Do you know of anything that might disqualify your appointment to this department? ☐ Yes ☐ No
If yes, explain:

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: _____



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AUTHORIZATION FOR BACKGROUND INVESTIGATION RELEASE OF INFORMATION

READ CAREFULLY BEFORE PROVIDING YOUR SIGNATURE BELOW.

I do hereby authorize a review of and full disclosure of all records concerning myself to the Carroll County Sheriff's Office whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions; including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating); and other financial statements and records whether filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, and efficiency ratings.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the County of Carroll. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

PRINTED NAME OF APPLICANT: _____

DATE OF BIRTH: _____

Signature of Applicant: _____

Date: _____

Signature of Witness: _____

Date: _____

(Not required if
signing digitally)