



# TAZEWELL COUNTY SHERIFF'S OFFICE

PLEASE COMPLETE ALL PAGES ATTACHED  
**APPLICATION FOR EMPLOYMENT: DEPUTY**

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARTIAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
Last Name		First Name	Middle Name
Address		City	State Zip Code
Phone Number(s)	Date of Birth	E-Mail Address	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes No

If yes, give date \_\_\_\_\_

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes No

*(Proof of citizenship or immigration status will be required upon employment)*

On what date would you be available to work? \_\_\_\_\_

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

If yes, please explain \_\_\_\_\_

## EDUCATION

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	Name/Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


## EMPLOYMENT EXPERIENCE

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*Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Any inaccurate statements or omission of information will be considered falsification of this application.*

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*


Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.


State any additional information you feel may be helpful in considering your application.


*Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.*

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?                      YES                      NO

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone

\_\_\_\_\_

Address

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone

\_\_\_\_\_

Address

3. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone

\_\_\_\_\_

Address

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by the rules and regulations of the employer.

BY SELECTING THIS BOX AND ENTERING MY NAME BELOW, I AM ELECTRONICALLY SIGNING THIS FORM.

Signature of Applicant (or print name)

Date \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview	Yes	No	
Remarks	<hr/> <hr/>		
Employed	Yes	No	Date of Employment <hr/>
Job Title	<hr/>	Hourly Rate <hr/>	Department <hr/>

Notes

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# TAZEWELL COUNTY SHERIFF'S OFFICE

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## RELEASE AUTHORIZATION

I hereby authorize the release of any military, medical, employment, credit, and school records or transcripts to the Tazewell County Sheriff's Office.

I further authorize the Tazewell County Sheriff's Office to investigate my character and background, and to solicit any information that might be used in the evaluation of my employment potential with the Tazewell County Sheriff's Office. I also authorize an investigation of all statements made in my application for employment with the Tazewell County Sheriff's Office.

In making such authorization, I release the contributor, agents of the contributor, the County of Tazewell, State of Illinois, and it's agents from all liability for any damage arising there from.

**BY SELECTING THIS BOX AND ENTERING MY NAME BELOW, I AM ELECTRONICALLY SIGNING THIS FORM.**

\_\_\_\_\_  
Signature of Applicant (or print name)

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Birth

Previous Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Tazewell County Sheriff's Office**

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## **Tazewell County Merit Commission**

### **APPLICANT TESTING RELEASE AND WAIVER**

I, the undersigned, recognize that I have voluntarily entered into the recruitment process for a Tazewell County Sheriff's Deputy. I hereby agree to abide by all of the rules and regulations of the Merit Commission of the County of Tazewell, Illinois, during the recruitment process and after the completion thereof. I understand that these rules are available for me to review at the Tazewell County Sheriff's Office. I fully understand and agree that all tests and the results thereof become the property of the Merit Commission of Tazewell County and recognize that these materials are not subject to my review.

I, the undersigned, fully recognize and understand that numerous tests and examinations are an integral part of the recruitment process for Sheriff's Deputy. As such, I hereby release and discharge the County of Tazewell and the Tazewell County Merit Commission from any and all injuries, losses, and damages to my person that may have been caused or may at any time arise as the result of any examinations and any requirements of the recruitment process conducted by the Tazewell County Merit Commission. I acquit and forever discharge the County of Tazewell, its officers and employees, the Tazewell County Merit Commission and any other entity for any claim arising from my voluntary participation in the recruitment process for Tazewell County Sheriff's Deputy. This release and discharge includes any and all actions, causes of action, claims, demands, damages, costs, loss of services, loss of employment, expenses and compensations, on account in any way arising out of any and all known and unknown bodily injuries, civil rights injuries, and property damages resulting from or caused by my participation in the recruitment process for Tazewell County Sheriff's Deputy. The intent hereof is a complete, absolute, and final release of the County of Tazewell and the Tazewell County Merit Commission.

I hereby declare and represent that in signing this release it is understood and agreed that I rely wholly upon my own judgment, belief and knowledge. I have not been influenced to any extent in signing this release by any representations or statements made by persons or entities released by this agreement or by any person representing them. I further state I have carefully read the foregoing terms of this release and know the contents thereof and understand that, by my signature below, I am forever releasing the County of Tazewell, its officers and employees, the Tazewell County Merit Commission and any other entity, person, officer or employee from any claim arising out of my participation in the recruitment process for Tazewell County Sheriff's Deputy.

**BY SELECTING THIS BOX AND ENTERING MY NAME BELOW, I AM ELECTRONICALLY SIGNING THIS FORM.**

For signature you can print name

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_



There are several ways to submit your application

**Email** the completed application to: JSShallenberger@tazewell-il.gov

**Print out** the completed application and mail to or drop off at:

Tazewell County Sheriff's Office

101 S. Capitol Street

Pekin, IL 61554

Submit all forms automatically via email you will need to download

[Adobe Reader DC](#)