



**EDUCATION**

15. **CIRCLE HIGHEST GRADE COMPLETED**

GED CERTIFICATE  
GRADUATE SCHOOL

HIGH SCHOOL  
M.A.

COLLEGE 1 2 3 4  
Ph.D.

OTHER

**Name and Address of School  
(include City and State)**

**Graduate ?  
Yes No**

16. High School \_\_\_\_\_
17. Undergraduate Education \_\_\_\_\_
18. Graduate Education \_\_\_\_\_
19. Trade Schools \_\_\_\_\_
20. What college degrees have you attained? \_\_\_\_\_
- \_\_\_\_\_

21. List course work relevant to position for which you have applied: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all jobs you have had for the last ten (10) years. Include periods of unemployment. Put your present job first. Include military service in proper time sequence along with temporary or part-time jobs.

22. **Present employer's name:**

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to Present  
month-year

23. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_  
month-year month-year

24. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_  
month-year month-year



**MILITARY**

31. Are you now or have you ever been in the military service? Yes\_\_\_\_ No\_\_\_\_
32. Branch of service\_\_\_\_\_
33. Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? Yes\_\_\_\_ No\_\_\_\_
- Rank\_\_\_\_\_
34. Unit\_\_\_\_\_ From\_\_\_\_\_ To\_\_\_\_\_

**REFERENCES**

Please list three (3) adults not related to you and not former employers, who have known you for more than three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

35. Name\_\_\_\_\_ Address\_\_\_\_\_
- Home Phone\_\_\_\_\_ Business Phone\_\_\_\_\_
- Occupation\_\_\_\_\_ Relationship\_\_\_\_\_
36. Name\_\_\_\_\_ Address\_\_\_\_\_
- Home Phone\_\_\_\_\_ Business Phone\_\_\_\_\_
- Occupation\_\_\_\_\_ Relationship\_\_\_\_\_
37. Name\_\_\_\_\_ Address\_\_\_\_\_
- Home Phone\_\_\_\_\_ Business Phone\_\_\_\_\_
- Occupation\_\_\_\_\_ Relationship\_\_\_\_\_
38. Person(s) to be notified in case of emergency.
- Name\_\_\_\_\_ Address\_\_\_\_\_
- Phone\_\_\_\_\_ Relationship\_\_\_\_\_
- Name\_\_\_\_\_ Address\_\_\_\_\_
- Phone\_\_\_\_\_ Relationship\_\_\_\_\_
- Name\_\_\_\_\_ Address\_\_\_\_\_
- Phone\_\_\_\_\_ Relationship\_\_\_\_\_
39. List organizations of which you are a member that relate to the position for which you are applying:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**SUBMISSION OF DOCUMENTATION AND CREDENTIALS**

- 41. I understand that if I am placed on any eligibility list, I will be fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.
- 42. I understand that I must provide the Merit Commission with COPIES of the following documentation and/or certifications at the times indicated below. Other relevant police service certificates may be submitted with the application, but are not required. If at any time any of the documentation is updated or if my credentials change, I must submit the new documentation or certifications to the Commission as soon as possible. I further understand that failure to submit any of the following documentation and/or certifications at the times indicated may result in my application no longer being considered by the Commission and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.
- 43. I agree to submit to a psychological examination and a pre-employment drug screening test and extensive background investigation.

**DOCUMENTATION**

**TIME OF SUBMISSION**

Copy of High School diploma or evidence of a GED Equivalence diploma

With this application

Copy of college or university diplomas, if applicable

With this application

Copy of valid driver's license

With this application

Copy of last DD214 Form (if applicable)

With this application

**I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH LIVINGSTON COUNTY.**

Dated at \_\_\_\_\_ Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature in Full \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.** This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially and will be used only to help assure the best use of your abilities if you are employed with us. If reasonable accommodation is needed for the testing process because of a disability, please notify the Merit Commission in writing as to the specific accommodation needed.

**LIVINGSTON COUNTY  
AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize LIVINGSTON COUNTY and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, credit history, and all other information which may bear favorably or unfavorably upon my application for employment made to LIVINGSTON COUNTY. I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I hereby acknowledge and agree that as a condition of employment with LIVINGSTON COUNTY, I must maintain at all times a valid State of Illinois Driver's License of the Class required to operate all vehicles of the Sheriff's Department of LIVINGSTON COUNTY. I do further agree that my failure to maintain said drivers license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the COUNTY.

Signature \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.** This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially and will be used only to help assure the best use of your abilities, if you are employed with us.

**EMPLOYMENT INFORMATION RELEASE**

*Equal Opportunity Employers*

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

To Whom It May Concern:

I respectfully request that you forward to Livingston County Sheriff's Department any and all information that you may have concerning me, my work record and/or my reputation. Also, please include any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with Livingston County.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above. Finally, a duplicate of this form shall carry the same force as the original.

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

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

(Please print)

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

\_\_\_\_\_

\_\_\_\_\_



**CONSUMER REPORTING AUTHORIZATION FORM**  
*Equal Opportunity Employers*

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

I authorize and empower Livingston County Sheriff's Department, any other police department, any consumer reporting agency, or other outside service company engaged by said Police Department for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living, through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request, I understand that said Police Department would provide me with information regarding the scope of the investigation if one is made.

Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

(Please Print)