

LIVINGSTON COUNTY SHERIFF

CORRECTIONAL OFFICER APPLICANT PERSONAL DATA QUESTIONNAIRE

**Please notify us immediately of any change of address or phone number.*

1. **Name** _____
last first middle
2. **List any other names you have used or been known by (include maiden name):**

3. **Address:** _____
Number & Street City State Zip
4. **Home Phone No. (____) _____ Cell Phone No. (____) _____**
5. **Business Phone No. (____) _____**
6. **Driver's License State** _____
Driver's License No. _____ **Class** _____
7. **Social Security No.** _____
8. **U.S. Citizen?** Yes _____ No _____
If no, are you an alien with evidence of intention to become a U.S. Citizen?
Yes _____ No _____
9. How did you learn about this testing process?

LIST ALL FORMER ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER

10. Address _____
Number & Street City State Zip
11. Address _____
Number & Street City State Zip
12. Address _____
Number & Street City State Zip
13. Address _____
Number & Street City State Zip
14. Address _____
Number & Street City State Zip

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

25. **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

26. **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

27. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment?
Yes _____ No _____ If yes, please explain:

28. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes _____ No _____

If yes, explain: _____

29. Have you ever taken a civil service exam? Yes _____ No _____

Agency _____ Date _____ Position on List _____

Status _____

30. Are you currently on any eligibility list(s)? Yes _____ No _____

If yes, indicate position applied for, status on list, and expiration date of each: _____

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)

Prison Rape Elimination Act Self Report

Name (Print): _____ Current Facility: _____

In accordance with the Prison Rape Elimination Act Standard (115.17) Hiring and Promotion Decisions, any applicant or current employee pending promotion who may have contact with offenders shall be questioned regarding previous misconduct.

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for ineligibility or termination of employment.

Have you ever engaged in sexual abuse in a prison, jail, lockup community confinement facility or other correctional facility; a pretrial detention facility; a juvenile facility; a facility for persons who are mentally ill or disabled, or have intellectual disabilities, or chronically ill or handicapped; facility providing skilled nursing, intermediate or long-term care, custodial or residential care or other institution as defined in the Civil Rights of Institutionalized Person Act (42 U.S.C. 1997)? Note: The term "institution" means any facility or institution which is owned, operated, or managed by, or provides service on behalf of any State or political subdivision of a state; including privately owned and operated facilities not deemed excluded. Yes: _____ No: _____

If yes, please explain: _____

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force; overt or implied threats of force, coercion; or if the victim did not consent or was unable to consent or refuse? Yes: _____ No: _____

If yes, please explain: _____

Have you ever been civilly or administratively adjudicated to have engaged or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes: _____ No: _____

If yes, please explain: _____

Has there ever been an allegation, complaint, or finding made against you regarding any incidents of sexual harassment? Yes: _____ No: _____

If yes, please explain: _____

Do not sign until you are in the presence of Livingston County Jail Superintendent or Livingston County Jail PREA Coordinator.

I certify and affirm, subject to perjury, that the information provided herein is true and correct to the best of my knowledge, and I understand that I have a duty to immediately report if I engage in any such conduct at a future time.

Signature: _____ Date: _____

Witness: _____ Date: _____