IMPORTANT

You must include the following documents with the application. Please enclose all papers in a large envelope. Do not fold. Turn in the completed application and required documents no later than September 16, 2022.

Check when completed

- Copy of Driver’s License
- Copy of high school diploma or GED Certificate
- Authorization Form
- Copy of last DD214 Form (if applicable)

Requirements:
- United States Citizen
- Minimum age of 21 at the time of entry of the Police Academy
- High School graduate or equivalent
- Valid Driver’s License (requires a valid Illinois driver’s license at date of hire)

Schedule:
- Submit Sheriff Application packet by September 16, 2022.
- POWER test and written test will be administered on September 24, 2022 at the Livingston County Public Safety Complex, 844 W. Lincoln Street, Pontiac, IL 61764. Testing time will begin at 8:00 AM. Late arrivals may be turned away. A picture I.D. will need to be presented on the day of testing.

Phases of the selection process include a background check, physical fitness test, written examination and an oral interview. Applicants will be advised in writing of their eligibility to proceed to the oral interviews after the result of the background check, physical fitness test, and written examination is completed.

When positions are available, conditional offers of employment will be extended based on the successful completion of all of the following: psychological screening, pre-employment drug screening, and an extensive background investigation.

Questions may be addressed by calling Sergeant DeMoss at the Sheriff’s Department at 815-844-2774.

ALL PHOTOCOPIES MUST BE READABLE—DO NOT SEND ORIGINALS.
LIVINGSTON COUNTY SHERIFF
POLICE 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? (Facebook, Indeed, Job Posting, Website, etc.)
   ______________________________________________________________________________________

   ______________________________________________________________________________________

10. CIRCLE HIGHEST GRADE COMPLETED
   GED CERTIFICATE HIGH SCHOOL COLLEGE 1 2 3 4
   GRADUATE SCHOOL M.A. Ph.D. OTHER

Name and Address of School
(include City and State) Graduate ?
Yes No
11. High School
   ________________________________________________________________

12. Undergraduate Education
   ________________________________________________________________

13. Graduate Education
   ________________________________________________________________

14. Trade Schools
   ________________________________________________________________

15. What college degrees have you attained?
   ________________________________________________________________

16. List course work relevant to position for which you have applied:
   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________
EMPLOYMENT HISTORY

List all jobs you have had for the last five (5) years. Include periods of unemployment. Put your present job first. Include military service in proper time sequence along with temporary or part-time jobs.

17. 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

18. 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

19. 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

20. 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
21. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes______ No_______ If yes, please explain:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

22. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes______ No______

If yes, explain:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

23. Have you ever taken a civil service exam? Yes______ No______

Agency________________________ Date________ Position on List________________________

Status________________________

24. Are you currently on any eligibility list(s)? Yes______ No_____

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

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

25. Are you now or have you ever been in the military service? Yes_____ No_____ 

26. Branch of service________________________

27. 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________________________

28. Job Assignment________________________ From________________________ To________________________

MILITARY
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.

29. Name ___________________________________________ Address __________________________________________
    Home Phone ___________________________ Business Phone ___________________________
    Occupation ___________________________ Relationship __________________________________

30. Name ___________________________________________ Address __________________________________________
    Home Phone ___________________________ Business Phone ___________________________
    Occupation ___________________________ Relationship __________________________________

31. Name ___________________________________________ Address __________________________________________
    Home Phone ___________________________ Business Phone ___________________________
    Occupation ___________________________ Relationship __________________________________

32. Person(s) to be notified in case of emergency.
    Name _________________________________ Address __________________________________________
    Phone _________________________________ Relationship __________________________________

33. List community organizations or volunteer opportunities that you participate in:
    __________________________________________________________________________________________
    __________________________________________________________________________________________
    __________________________________________________________________________________________
    __________________________________________________________________________________________
    __________________________________________________________________________________________
    __________________________________________________________________________________________
SUBMISSION OF DOCUMENTATION AND CREDENTIALS

34. 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.

35. 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.

36. I agree to submit to a psychological examination and a pre-employment drug screening test and extensive background investigation.

<table>
<thead>
<tr>
<th>DOCUMENTATION</th>
<th>TIME OF SUBMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy of High School diploma or evidence of a GED Equivalence diploma</td>
<td>With this application</td>
</tr>
<tr>
<td>Copy of college or university diplomas, if applicable</td>
<td>With this application</td>
</tr>
<tr>
<td>Copy of valid driver’s license</td>
<td>With this application</td>
</tr>
<tr>
<td>Copy of last DD214 Form (if applicable)</td>
<td>With this application</td>
</tr>
</tbody>
</table>

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)