



Antonio D. Brown
Sheriff, Macon County
333 S. Franklin St.
Decatur, Illinois 62523



Dear Court Security Applicant;

Contained in this packet, will be certain material for you to complete and return.

PLEASE READ CAREFULLY AND FOLLOW ALL INSTRUCTIONS. FAILURE TO PROPERLY FOLLOW INSTRUCTIONS COULD INVALIDATE YOUR APPLICATION.

1. The application consists of seven (7) pages. Read carefully and fill in each blank that is applicable. All questions that can be answered must be answered. Upon completion, the application requires your signature.
2. Form **MSO/105** is a VOLUNTARY FORM and is not required that you complete for consideration of employment as it is used for compiling our data. If you do not wish to complete this form, we ask that you please return this form with your application.
3. The Agreement Form. This form obligates you for re-imbusement to Macon County for all costs associated with your training, if after employment, you leave the Macon County Sheriff's Office within two (2) years from your date of hire, which will be pro-rated.
4. Also contained in this packet is a waiver of rights for the position of Court Security Officer. This must be signed, dated and returned with your completed packet.
5. Contained in this packet are the current Court Security salaries 2020-2021 for entry level officer thru step 34 officer.
6. **MSO FORM 201** is a Health Certificate that must be filled out and returned with your application.

All applications must be returned to the Macon County Sheriff's Office by December 31st at (12) noon. Applications may be picked up at our office Monday thru Friday between 830am and 430pm.

If you have any question concerning your application, please feel free to contact this office at the following phone numbers; 217-424-1332 or 217-424-0864.

Respectfully,

Adam Walter
Chief Deputy



Antonio D. Brown
Sheriff, Macon County
333 S. Franklin St.
Decatur, Illinois 62523



COURT SECURITY OFFICERS
\$37,715.09 - \$56,721.09

The Macon County Sheriff's Office will be receiving applications to establish an eligibility list for Court Security Officers of Macon County. Applications may be obtained at the Macon County Sheriff's Office (333 S. Franklin Street, Decatur, Illinois, Phone number 217-424-1321) between the hours of 830am to 430pm. This will commence on December 7, 2020 through December 31, 2020. Applications must be turned into the Sheriff's Office by December 31st at 12 (noon).

To be appointed to the Office, an applicant must meet such standards as;

1. 21 years of age or older.
2. Vision corrected to 20/20, free of color blindness and weight proportionate to height.
3. Not have any physical or mental disability, which would render him/her incapable of performing the duties of the position.
4. High School graduate or equivalent.
5. Be a citizen or legal resident of the United States.
6. Possess a valid Illinois Driver's license.
7. Be fingerprinted and successfully pass a background investigation as to reputation and character.
8. Successfully pass oral interviews.
9. Successfully pass a pre-employment physical examination and drug screen at the Employer's expense.
10. No applicant shall have been convicted of a felony offense or a crime of moral turpitude under the laws of Illinois or any other state.
11. Live within 40 miles of the Macon County Sheriff's Office, within one year after being appointed as a certified employee.
12. May be required to successfully complete a Basic Correctional Officer Training Course.

AN EQUAL OPPORTUNITY EMPLOYER

- 14. Are you a member of the Active Reserves? _____
- 15. Date entered military service _____
- 16. Date Discharged _____
- 17. Type of Discharge _____
- 18. Describe all military occupations: _____

- 19. List your highest rank achieved _____
- 20. List your final rank _____ -

Personal Background Information

- 21. Please list any other name you have used _____
- 22. Has your driver's license ever been suspended or revoked? _____
- 23. Please explain the suspension or revocation _____

- 24. List ALL traffic violations for which been fined, placed on court supervision/probation, or imprisoned:

- 25. If you have ever been convicted of a crime list each offense and the sentence:

- 26. Have you ever been arrested but not convicted for a crime other than traffic? If Yes, explain.

Credit History

27. Have you ever been refused credit? _____

28. If yes, indicate names, dated, placed and reasons:

29. Please list below your current creditors who you do NOT pay off each month:

Name of Creditor	Address	Amount indebted
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education Information

30. High School _____
Name of School Years Attended Did you graduate?

31. College _____
College Years attended Degree Awarded

Major(s) Field of Study for Degree Awarded

Graduate or professional school Degree

32. If you are not a high school graduate, do you have a GED? _____

33. Do you have any other training such as attendance at a police academy, specialty job certifications, or employment advanced training, if so please describe:

34. Please explain any law enforcement related activity, education, research, or volunteer work you have done to prepare you for employment as a deputy: (you need not repeat anything described elsewhere in this application):

35. Please list all community service or volunteer work you have performed in the last 24 months:

Organization	Activity	Average hours per month
_____	_____	_____
_____	_____	_____
_____	_____	_____

36. Have you received any charitable, community service, or employment awards or commendations in the last 24 months? If so please describe:

37. What is your typing speed in words per minute: _____

38. Are you proficient in the use of the following computer programs?

Word/WordPerfect: _____

Excel: _____

PowerPoint: _____

References

39. List at least **3** personal references other than relatives or significant others. Please list people you know well because we will contact them.

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History

40. Beginning with your most recent employer list ALL places of your employment as an adult.

Employer & Address	Duties	Dates Employed	Pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

41. If presently employed, may we contact your employer? _____

42. Have you received a disciplinary suspension or been discharged from any position(s) within the last 4 years? _____

If yes, explain _____

43. Have you been absent from work in the past 12 months? If so please explain why.

44. Have you been tardy to work in the past 12 months? If so please explain why.

45. Are you currently in lay off status and subject to recall? _____

46. What means of transportation do you use to get to work? _____

47. Have you applied or worked for this organization in the past? _____

If yes, explain _____

Year

Position

Reason for leaving if employed

48. Are there any hours of the day you cannot work? _____

49. Do you have any relatives employed by this organization? If so, who:

I REPRESENT THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE OR FALSE INFORMATION FURNISHED BY ME MAY VOID THIS APPLICATION OR SUBJECT ME TO DISCHARGE AT ANY TIME AFTER EMPLOYMENT.

Signature

Date

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any authorized representative of the County of Macon bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, credit, educational records and criminal records including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records; medical records (associated to the ability to perform within a specific job assignment) and credit records. I hereby direct you to release such information upon request to the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the County of Macon. I hereby release you, as custodian of such records and any school, college, university, or other bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively; from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with this release. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Print)

Date: _____

Address: _____

Telephone: _____

Witness: _____
Representative of the County of Macon

AGREEMENT

As a condition of accepting employment with the Macon County Sheriff's Office ("the Office"), and in consideration thereof, I _____, do agree that if I terminate my employment with the Office as set out below, I will, within 30 days of the time of terminating, reimburse the Office in full for the costs of training provided me as follows:

CONDITION A: If I terminate my employment within one year of completing the Basic Law Enforcement Recruit Training Course which is required for Deputies by the State of Illinois, or within one year of completing the Certified Correctional Officer Training Course which is required for Correctional Officers by the State of Illinois, I shall reimburse the Office for all costs incurred by the Office to provide me with such training, including but not limited to, tuition, board and room charges and any salary paid me while I was in such training.

CONDITION B: If I terminate employment within two years of completing the Basic Law Enforcement Recruit Training Course which is required for Deputies by the State of Illinois, or within two years of completing the Certified Correctional Officer Training Course which is required for Correctional Officers by the State of Illinois, I shall reimburse the Office for fifty percent of all costs incurred by the Office to provide me with such training including only tuition, board and room.

CONDITION C: If I terminate my employment within one year of hire, I shall reimburse the Office for all training costs in addition to those set out above, incurred by the Office to train me, including but not limited to, tuition, board and room charges and any salary paid me while I was in training.

I acknowledge that if I leave shortly after training, as stated above, the Sheriff's Office suffers a substantial economic loss in that it receives no return on its investment in my training.

I, therefore accept employment conditioned upon my agreement to reimburse the Sheriff's Office for training costs as set out above.

Dated this _____ day, of _____, 20____

Macon County Sheriff's Employee

Sheriff of Macon County

STATE OF ILLINOIS)
) ss.
COUNTY OF MACON)

I, _____ (name),
_____ (address),

Macon County, Illinois, do hereby waive any rights I may have to institute or pursue any lawsuit, administrative action or claim of any kind against the Macon County Sheriff, the County of Macon or any of its employees, agents or assigns, arising out of events in which I voluntarily participated as a part of the employment application process for a position as Court Security Officer on _____ (date).

(Applicant)

Signed this _____ of _____ 20____.

APPENDIX A - WAGE SCALE

<u>Years of Service</u>	<u>12/1/2019-11/30/2020</u>	<u>12/1/2020-11/30/2021</u> <u>3.0%</u>	<u>12/1/2021-11/30/2022</u> <u>2.75%</u>	<u>12/1/2022-11/30/2023</u> <u>2.75%</u>
Entry Level	\$36,616.59	\$37,715.09	\$38,752.25	\$39,817.94
2 years	\$39,393.19	\$40,574.99	\$41,690.80	\$42,837.30
3 years	\$40,248.64	\$41,456.10	\$42,596.14	\$43,767.53
4 years	\$41,104.10	\$42,337.22	\$43,501.49	\$44,697.78
5 years	\$41,959.51	\$43,218.30	\$44,406.80	\$45,627.99
7 years	\$42,814.96	\$44,099.41	\$45,312.14	\$46,558.22
10 years	\$43,670.41	\$44,980.52	\$46,217.48	\$47,488.46
12 years	\$46,306.76	\$47,695.96	\$49,007.60	\$50,355.31
14 years	\$47,638.00	\$49,067.14	\$50,416.49	\$51,802.94
16 years	\$49,009.18	\$50,479.46	\$51,867.65	\$53,294.01
18 years	\$50,421.49	\$51,934.13	\$53,362.32	\$54,829.78
20 years	\$51,001.71	\$52,531.76	\$53,976.38	\$55,460.73
22 years	\$51,582.76	\$53,130.24	\$54,591.32	\$56,092.58
24 years	\$52,163.80	\$53,728.71	\$55,206.25	\$56,724.42
26 years	\$52,744.84	\$54,327.19	\$55,821.19	\$57,356.27
28 years	\$53,325.89	\$54,925.67	\$56,436.13	\$57,988.12
30 years	\$53,906.93	\$55,524.14	\$57,051.05	\$58,619.95
32 years	\$54,487.97	\$56,122.61	\$57,665.98	\$59,251.80
34 years	\$55,069.02	\$56,721.09	\$58,280.92	\$59,883.65

HEALTH CERTIFICATE MACON COUNTY
SHERIFF'S DEPT.

PHYSICAL EXAMINATION

Date: _____

NAME: _____
(Please Print) (Last) (First) (Middle)

PRESENT ADDRESS: _____
(Number) (Street) (City) (State)

BIRTH: _____ Age: _____

HEALTH HISTORY

YES	NO		YES	NO	
___	___	Head or spinal injuries (severe)	___	___	Syphilis
___	___	Convulsions (fits, epilepsy)	___	___	Gonorrhea
___	___	Encephalitis (sleeping sickness)	___	___	Diabetes
___	___	Ever confined as chronic invalid	___	___	Stomach ulcer
___	___	Heart Disease	___	___	Rheumatic fever
___	___	Tuberculosis	___	___	Asthma
___	___	Suffering from incurable disease	___	___	Kidney disease
___	___	Permanent defect as result of disease or accident			

Other illnesses or injuries: _____

Are you at present taking any medicine? If yes, name: _____

Applicant's Signature _____

THE INFORMATION ON THIS FORM IS ON A VOLUNTARY BASIS AND WILL BE USED FOR STATISTICAL PURPOSES ONLY AND WILL NOT BE REFERRED TO DURING THE SELECTION AND HIRING PROCESS.

The Macon County Sheriff's Department is an Equal Opportunity Employer. To assist in the guarantee that this goal is accomplished; we need the following information from you. Circle the ONE letter which is appropriate.

FEMALE

MALE

A G WHITE - Includes persons of Indo-European descent, including Pakistani and East Indian.

B H BLACK - Includes persons of African descent as well as those identified as Jamaican, Trinidadian and West Indian.

C J AMERICAN INDIAN - Includes persons who identify themselves or known as such by virtue or tribal association.

D K ORIENTAL OR ASIAN AMERICAN - Includes persons of Japanese, Chinese Korean or Filipino descent.

E L SPANISH SURNAME - Includes all persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent.

X Y OTHER - Includes Aleuts, Eskimos, Malayans, Thais and others not covered by the other specific categories.

REFERRED BY:

Illinois Employment Service _____

Job Service _____

News Media _____ (specify which one) _____

Other _____ (name) _____

Please review your entire application. If any portion which is required to be completed has been left blank, we may be unable to complete the processing of your examination.

NAME _____ DATE _____

POSITION APPLYING FOR _____