



*Sheriff, Macon County*  
333 S. Franklin St.  
Decatur, Illinois 62523



# **Application for Employment**

Please complete and return to the Sheriff's Office  
in person or by mail to:

333 S Franklin St  
Decatur, IL 62523

You may also submit via e-mail to:  
[employment@sheriff-macon-il.us](mailto:employment@sheriff-macon-il.us)

## **Notice**

When you submitted a pre-application, you signed a Background Check Consent form and an Authority to Release Information Form. By Submitting this full application you agree to the terms of those forms.



# APPLICATION FOR EMPLOYMENT

## Macon County Sheriff's Office



### PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State Zip Code

**E-MAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER (SSN)** \_\_\_\_\_

### MILITARY SERVICE

**ARE YOU A VETERAN?** ☐ YES ☐ NO **BRANCH:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **TYPE OF DISCHARGE:** \_\_\_\_\_

**ARE YOU A MEMBER OF THE ACTIVE RESERVES?** ☐ YES ☐ NO

**DESCRIBE ALL MILITARY OCCUPATIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HIGHEST RANK ACHIEVED?** \_\_\_\_\_ **RANK AT DISCHARGE:** \_\_\_\_\_

### EMPLOYMENT ELIGIBILITY

HAVE YOU EVER ENGAGED IN SEXUAL ABUSE IN A PRISON, JAIL, LOCKUP, COMMUNITY CONFINEMENT FACILITY, JUVENILE FACILITY, OR OTHER INSTITUTION? ☐ YES ☐ NO

IF YES, WHEN AND WHERE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ENGAGING 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, WHEN AND WHERE: \_\_\_\_\_

HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN THE ACTIVITY DESCRIBED IN #2 OF THIS SECTION? ☐ YES ☐ NO

IF YES, WHEN AND WHERE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED BUT NOT CONVICTED FOR A CRIME OTHER THAN TRAFFIC? ☐ YES ☐ NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_



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### CREDIT HISTORY

HAVE YOU EVER BEEN REFUSED CREDIT? ☐ YES ☐ NO

IF YES, INDICATE NAMES, DATES, PLACES AND REASONS:

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PLEASE LIST BELOW YOUR CURRENT CREDITORS WHO YOU DO NOT PAY OFF EACH MONTH:

NAME OF CREDITOR	ADDRESS	AMOUNT INDEBTED
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### EDUCATION

HIGH SCHOOL: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DIPLOMA: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DEGREE: \_\_\_\_\_

OTHER: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

OTHER: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

DO YOU HAVE ANY OTHER TRAINING SUCH AS ATTENDANCE AT A POLICE ACADEMY, SPECIALTY JOB CERTIFICATIONS, OR EMPLOYMENT ADVANCED TRAINING, IF SO PLEASE DESCRIBE:



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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):

PLEASE LIST ALL COMMUNITY SERVICE OR VOLUNTEER WORK YOU HAVE PERFORMED IN THE LAST 24 MONTHS:

ORGANIZATION	ACTIVITY	AVERAGE HOURS PER MONTH
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HAVE YOU RECEIVED ANY CHARITABLE, COMMUNITY SERVICE, OR EMPLOYMENT AWARDS OR COMMENDATIONS IN THE LAST 24 MONTHS? IF SO PLEASE DESCRIBE:

WHAT IS YOUR TYPING SPEED IN WORDS PER MINUTE? \_\_\_\_\_

ARE YOU PROFICIENT IN THE USE OF THE FOLLOWING COMPUTER PROGRAMS?

WORD ☐ YES ☐ NO

EXCEL ☐ YES ☐ NO

POWER POINT ☐ YES ☐ NO

### PREVIOUS EMPLOYMENT

**EMPLOYER 1:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_



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## Macon County Sheriff's Office



**EMPLOYER 2:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**EMPLOYER 4:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_



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### REFERENCES

Personal or Professional (MINIMUM OF 3)

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

By signing, you verify all statements to be true and accurate.