



PRE-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

POSITION APPLIED FOR: _____

E-MAIL: _____

PHONE: _____

DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ ☐ HOUR ☐ SALARY

MAY WE CONTACT YOU AT WORK? ☐ YES ☐ NO **PHONE NUMBER:** _____

HAVE YOU EVER BEEN BONDED? ☐ YES ☐ NO **ARE YOU A U.S. CITIZEN?** ☐ YES ☐ NO

IF NO, WHAT IS YOUR LEGAL RESIDENT PERMIT NUMBER: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES ☐ NO **Dates:** _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO

WHAT HOURS ARE YOU AVAILABLE TO WORK? ☐ ANY ☐ BUSINESS ☐ OTHER _____

PLEASE LIST ANY OTHER NAMES YOU HAVE USED: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO

***IF YES, PLEASE EXPLAIN:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? ☐ YES ☐ NO

IF YOU HAVE EVER BEEN CONVICTED OF A CRIME LIST EACH OFFENSE:



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BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____



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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



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

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.



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ADDRESS: _____
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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:

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

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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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.