



Application for Employment

Bureau County Sheriff's Office

Position Desired:

Full Legal Name: _____ Maiden Name: _____
Last, First, Middle

Street Address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Length of time at street address: _____ Length of time at mailing address: _____

Date of Birth: _____ Present Age: _____

Social Security Number: _____

Drivers License Number: _____ State: _____

Home telephone number: _____

Cellular telephone number: _____

Work telephone number: _____

E-Mail Address (optional): _____

NOTICE OF PROVIDING FALSE OR FICTITIOUS INFORMATION AND

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
FOR USE BY AUTHORIZED PERSONNEL OF THE
BUREAU COUNTY SHERIFF'S OFFICE**

I, _____, do hereby authorize a full review and disclosure
Print Full Name

of all records concerning myself to any duly authorized personnel of the Bureau County Sheriff's Office, whether the said records are of a public, private, medical or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; medical or physician, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Bureau County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release Bureau County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information. I also understand this authorization to furnish information is executed in consideration of the Bureau County Sheriff and the Bureau County Sheriff's Merit Commission. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. Additionally, I hereby confirm and accept with my signature, that falsification of any portion of this entire official application document shall be grounds for action by the Sheriff or his/her representative(s).

I have read and fully understand the contents of this "Authorization".

Signature

Date

Witness Signature

Date

PERSONAL HISTORY

1. List your former addresses for the last ten (10) years:

Years of residence, Street Address, City, State, Zip Code

Years of residence, Street Address, City, State, Zip Code

Years of residence, Street Address, City, State, Zip Code

2. Are you a U.S. Citizen? Yes No If Yes: Native Naturalized

Note: If naturalized, please attach copies of all appropriate documentation.

3. List any scars, birthmarks, blemishes, tattoos, deformities, or amputations and their locations:

4. Are you: Single Married

5. If married, Spouse's Full Name:

First Name, MI, Last Name (Maiden)

Spouse's Place of Employment

Employer's Address

City, State, Zip Code

6. Alimony or separate maintenance \$ _____ Child Support amount \$ _____

7. Have you ever been delinquent on child support payments? Yes No

8. List all dependents and their dates of birth. If none, list immediate family member(s) other than your spouse: (e.g.; mother, father, brother, sister)

Name, Address, Birth Date, Relationship

Name, Address, Birth Date, Relationship

Name, Address, Birth Date, Relationship

MEDICAL HISTORY

9. Do you have any mental or physical condition(s) that would affect your ability to perform certain duties?

Yes ___ No ___ If yes, explain in detail: _____

10. Do you use or have you ever used any narcotics or controlled substances not prescribed by a physician or other medical personnel? Yes No If yes, explain in detail:

11. Have you ever undergone treatment or sought counseling for an alcohol or drug-related problem?

Yes No If yes, explain in detail below:

12. What are the name(s) and address(s) of your family, personal or treating physician?

Full Name, Title

Street Address, City, State, Zip Code

Full Name, Title

Street Address, City, State, Zip Code

EDUCATION

13.

Name and Address of School (Include City and State)	Years Completed	Dates Attended	Graduate	Degree(s) Attained
High School			Yes/No	
College or University			Yes/No	
Business College			Yes/No	
Extension or Correspondence Courses			Yes/No	

14. List below all other formal education beyond high school not otherwise listed above, including any training that you wish the reviewing officer(s) to consider:

15. List any special skills that are not listed above, professional licenses, or certifications that you wish the reviewing officer(s) to consider:

16. Do you speak, read, or write any foreign language(s)? Yes No If yes, explain:

Language / How Proficient?

Language / How Proficient?

MILITARY SERVICE

17. Branch: _____
Date of Entry: _____
Highest Rank Held: _____
Identification Number: _____
Separation Date: _____ Reserve Status: _____
Rank at Discharge: _____
Type/Classification of Discharge: _____

18. Were you the subject of disciplinary action during your military service? Yes No
If yes, explain in detail: _____

19. List all military service recognition awards: _____

20. Have you ever volunteered or been employed by a foreign government or private business in a foreign country in any capacity? Yes No
If yes, explain in detail: _____

21. Have you ever received a deferment from military service? Yes No
If yes, provide the reason for Deferment: _____

22. Have you ever been discharged from military service for physical, mental or other medical reason?
Yes No
If yes, explain in detail: _____

23. What is your present selective service status (circle all that apply)?

Registered Unregistered Eligible

FINANCIAL INFORMATION

24. What is your total amount of monthly payments for indebtedness (including, but not limited to: rent, utilities, mortgage payments, auto, insurance, alimony, child support, etc.): \$ _____

25. How many people are dependent on you for financial support? _____

26. Have you ever had any property, including automobiles, repossessed? Yes No
If yes, explain in detail:

27. Have you ever filed for bankruptcy? Yes No If yes, provide the following information:

(A) Date filed: _____

(B) Court Number: _____

(C) Give reason in detail: _____

28. Have you ever had your wages attached or garnished? Yes No
If yes, provide the following information:

(A) Date filed: _____

(B) Court Number: _____

(C) Give reason in detail: _____

29. Are you now or have you ever been a party to any court action in regards to a financial matter?

Yes No If yes, explain in detail: _____

30. Have you ever been refused a bond? Yes No If yes, explain below:

31. Have you ever been denied any kind of insurance or had any kind of insurance policy canceled?

Yes No If yes, explain in detail:

32. If employed by the Bureau County Sheriff, will you be receiving income from any other source?

Yes No If yes, explain in detail: _____

33. Besides your present employment, list any other source(s) of income below:

34. List the banks where you currently have accounts:

Name of Bank:

Address:

Type of Account:

Name of Bank:

Address:

Type of Account:

Name of Bank:

Address:

Type of Account:

EMPLOYMENT INFORMATION SECTION

35. Have you ever been employed by Bureau County? Yes No

If yes, in what capacity? _____

Department head? _____

Date of employment? _____ Date of departure? _____

36. If previously employed by Bureau County, were you employed under another name? Yes No

If yes, provide your previous name: _____

Start with your current employment. List all full-time, part-time, seasonal, and military positions held over the last ten (10) years *or* since your eighteenth birthday. Also list periods of unemployment showing dates and reasons for unemployment.

37. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Dates Employed: _____ / _____

Type of Business: _____

Position or Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Description of Duties: _____

Reason for Leaving: _____

38. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Dates Employed: _____ / _____

Type of Business: _____

Position or Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Description of Duties: _____

Reason for Leaving: _____

39. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Dates Employed: _____ / _____

Type of Business: _____

Position or Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Description of Duties: _____

Reason for Leaving: _____

40. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Dates Employed: _____ / _____

Type of Business: _____

Position or Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Description of Duties: _____

Reason for Leaving: _____

41. Employer: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Dates Employed: _____ / _____

Type of Business: _____

Position or Job Title: _____

Name and Title of Immediate Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Description of Duties: _____

Reason for Leaving: _____

42. Were you ever discharged or asked to resign due to misconduct or unsatisfactory service, or while under investigation? Yes No If yes, explain *in detail* below:

43. Have you ever received any disciplinary action from your present or past employer (not including military service)? Yes No If yes, provide the following information:

Name of Employer: _____

Reason for and type of disciplinary action: _____

Name of Employer: _____

Reason for and type of disciplinary action: _____

44. Are you now or have you ever been engaged in any business as a sole owner, partner, or corporate member (active or silent)? Yes No If yes, explain in detail below:

45. Have you previously submitted an employment application to any law enforcement agency? Yes No

If yes, provide the following the information:

Agency Name and address: _____

Date of application: _____

Name used at the time application was submitted (if different): _____

VEHICLE INFORMATION

46. Can you operate a motor vehicle? Yes No

47. Do you possess a valid driver's license? Yes No

If yes, provide the following information:

Driver's License Number State of Issue: _____

48. Have you ever been refused a license by any state? Yes No

If yes, explain in detail: _____

53. Have you ever been a victim of a crime? Yes No If yes, explain in detail below:

54. Have you been in any court action, either criminal or civil, that is not previously listed?

Yes No

If yes, explain in detail below: (Include date, County and State where occurred and disposition.)

55. Are there any warrants (traffic or otherwise) now pending against you? Yes No

If yes, explain in detail below:

REFERENCE SECTION

56. Provide all of the following information requested for three (3) references. Do not include relatives.

Name: _____ Years Known: _____
County: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Occupation: _____
Employed Where: _____

Name: _____ Years Known: _____
County: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Occupation: _____
Employed Where: _____

Name: _____ Years Known: _____
County: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Occupation: _____
Employed Where: _____

57. Do your religious beliefs prohibit you from working on your Sabbath? Yes No

If yes, what day of the week is recognized? _____

58. Please attach a recent photograph below that clearly shows your features. A head and shoulder view, or a close-up is acceptable. Please include your name and address on the back of the photograph.

*** ATTACH HERE ***

ATTACHMENTS

59. Please attach to this application, copies of all of the following documents that are applicable:

- Military discharge (e.g. DD214)
- Drivers license
- Social Security Identification Card
- Firearm Owners Identification Card
- Birth Certificate

Statement

I, _____, the undersigned, a legal
(Applicant's Name)

resident of _____,
(Street address)

in the City of _____, and the State of

_____, do declare that I am the person described in the foregoing
Application for employment; and attachments thereto, and that all the statements
contained in said answers are true and accurate to the best of my knowledge and belief.

Signature

Notary Public

Sworn to and subscribed to before me this _____ day of _____

in the County of _____, and the State of _____.

Notary Public

(Seal)