



McLEAN COUNTY SHERIFF'S DEPARTMENT
MIKE EMERY, SHERIFF
"Peace Through Integrity"
Administration Office
(309) 888-5034
104 W. Front Law & Justice Center Room 105
P.O. Box 2400 Bloomington, Illinois 61702-2400

Detective Commander (309) 888-5051
Patrol Commander (309) 888-5859
Patrol Duty Sergeant (309) 888-5019
Jail Division (309) 888-5065
Process Division (309) 888-5040
Records Division (309) 888-5055
Domestic Violence Division (309) 888-4940
FAX (309) 888-5072

TO: CORRECTIONAL OFFICER APPLICANT

Attached is your application for employment with the McLean County Sheriff's Office Jail Division. The starting salary for a Correctional Officer is currently \$33,288.00

Please complete the entire application and provide the following materials, which need to be returned with the application on the night of orientation:

- A certified copy of your birth certificate from the county you were born. We **cannot** accept birth certificates issued by a hospital.
- Transcripts from the institution of your highest level of education.
- Transcripts of military service discharge, if applicable.
- A valid driver's license along with two photo copies of said driver's license.
- Two (2) letters of recommendation from persons listed as personal references addressed directly to the McLean County Merit Commission.
- Two (2) letters of recommendation from past employers on the company's letterhead and addressed directly to the McLean County Merit Commission. No letters older than ninety (90) days will be accepted.
- Reside within one (1) hours driving time from the certified employee's residence to the McLean County Law and Justice Center, Bloomington, IL, regardless of weather and road conditions, road construction, vehicle availability and vehicle performance.

Applicants must attend a **mandatory orientation meeting** and successfully pass the following testing procedures:

- **Basic Skills Written Test**
- **Oral Interviews**

Upon successful completion of the above, the Merit Commission then certifies that the applicant is eligible for employment with the McLean County Sheriff's Office Jail Division and the applicant will be notified by letter of his/her placement on the eligibility list.

To be eligible for employment with this department, you will be subject to a medical examination and an intense background check, which will include a polygraph exam, psychological exam and additional oral interviews with the Jail Division Command Staff. You are required to sign an **Authorization for Release of Personal Information** so that the background check can be conducted.

Thank you for your interest in our Office.

Mike Emery
McLean County Sheriff



McLean County Employment Application

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____

Street and Number: _____ City: _____ County: _____

State: _____ Zip: _____ Telephone: _____

Can your education and/or employment records be verified using the above name and social security number?

Yes: _____ No: _____

If no then list other names(s): _____

Name, address and telephone number of person who will know where you may be contacted:

- Please follow these general instructions.
1. Read the Examination/Position Announcement and be sure you meet, with or without reasonable accommodation, the "QUALIFICATIONS" listed.
 2. Answer all questions and complete all spaces on this application.
 3. Submit all transcripts and documents at time of application.

Position(s) applied for: _____

How did you learn of the examination/position? _____

Have you previously been employed by McLean County? Yes _____ No _____

If yes, then from: _____ to: _____ Department: _____

Are you at least 18 years of age: Yes: _____ No: _____

Are you a U.S. citizen or an alien legally authorized to work in the United States? Yes: _____ No: _____

On what basis are you available for employment? (Check any or all that apply)

Full time: _____ Part time: _____ Summer: _____ Temporary: _____

Are you available for: Weekends & Holidays? Yes: _____ No: _____

Rotating Shifts? Yes: _____ No: _____

On Call? Yes: _____ No: _____

Shift Preference (check any or all that apply) Days: _____ Evenings: _____ Nights: _____

Date available for work: _____ Rate of pay expected per week: \$ _____

1. Have you ever been discharged or asked to resign from employment? Yes: _____ No: _____
2. Have you ever been convicted of a crime other than a minor traffic violation? Yes: _____ No: _____
3. Do you object to an inquiry of your present employer in regard to your ability to work with others, work record, qualifications or abilities? Yes: _____ No: _____

If yes, please explain: _____

If you have answered "Yes" to any of the last three questions, please give specifics on a separate sheet. A "yes" answer does not automatically disqualify you from employment.

Answer the four questions below if they are essential functions of the job for which you are applying.

1. Do you possess a valid Driver's License? Yes: _____ No: _____ N/A: _____
2. Do you possess a valid Commercial Driver's License? Yes: _____ No: _____ N/A: _____
3. Can you produce typed material (typewriter, word processing, other)? Yes: _____ No: _____ N/A: _____
4. Can you take notes verbatim (word for word) at a reasonable speed? Yes: _____ No: _____ N/A: _____

List any in-service training, instruction courses or programs you have completed: _____

List any special information as to your work record that you may deem of value: _____

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization and/or the position for which you are applying? _____

If license, certificate or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following:

Name of trade or profession: _____ License number: _____
 Granted by: _____ City and/or State of: _____
 Specialty: _____ Licensed From: _____ To: _____

Education	Name & Location	Years Completed	Diploma/Degree	Course of Study
High School		9 10 11 12		
College		1 2 3 4		
Graduate/ Professional		1 2 3 4		
Trade School		1 2 3 4		

Describe your extra-curricular activities (e.g. professional/student organizations, leisure activities, civic, etc.)

Employment Experience

Start with your present or last job. Indicate any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly rate/salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

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References:

List three business/work references who are not related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

- Name: _____ Relationship: _____ Years Acquainted: _____
 Address: _____ Telephone: _____
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- Name: _____ Relationship: _____ Years Acquainted: _____
 Address: _____ Telephone: _____

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connections with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the county.

Signature of Applicant: _____ Date: _____

Note: If you are applying for a position with one of the following departments, you will need to complete a form for purposes of a background investigation. Please ask for one of these forms:

- SHERIFF'S DEPARTMENT**
- FACILITIES MANAGEMENT**
- CIRCUIT CLERK**
- COURT SERVICES**



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Authorization for Release of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the McLean County Sheriff's Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; 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; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of 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; and any records of a police department or other law enforcement agency.

I understand that any of the information obtained by a personal 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 by the McLean County Sheriff's Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this 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 the Court of McLean, the McLean County Sheriff, the McLean County Sheriff's Department Merit Commission, their members, employees, agents and assigns from any and all liability which may be incurred as a result of collecting an utilizing such information.

I further authorize the McLean County Sheriff's Department to conduct a polygraph examination(s), and I hereby voluntarily submit to such polygraph examination(s).

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.

I have fully read and understand the contents of this AUTHORIZATION OF RELEASE OF PERSONAL INFORMATION.

 Signature, include maiden name if applicable

 Witness Signature

 Date

 Telephone

 Street Address

 City

 State

 Zip

 Date of Birth

 Social Security No.

 Driver's License # & State