



CARROLL COUNTY SHERIFF'S OFFICE

301 N. Main St. Mt. Carroll, IL 61053

Sheriff Ryan Kloepping

APPLICATION FOR EMPLOYMENT

We consider applicants for positions without regard to race, color, religion, sex, national origin, ancestry, age, order of protection status, marital or veteran status, sexual orientation, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position applied for:	<input type="checkbox"/> Road Deputy	<input type="checkbox"/> Correctional Deputy	<input type="checkbox"/> Court Security (Part-time only)	<input type="checkbox"/> Telecommunicator	<input type="checkbox"/> School Resource Ofc.
Employment status:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time			

INSTRUCTIONS: TYPE OR PRINT CLEARLY USING INK. Read every question carefully and answer completely and accurately. Use the term 'DNA' (Does Not Apply) if the question does not apply to your application. All statements are subject to verification. Please use additional provided fields to maintain document formatting if completing the application digitally. Document has digital signatures enabled and may be submitted electronically. All digital signatures shall be considered equivocal in all ways to a physical signature.

Personal Information

Name (Last, First, MI)			Date of Birth		Social Security Number	
Are there any other names (maiden name, nicknames, aliases) that you have used or are known by? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, list below		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Height	Weight	Eyes	Hair	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Email Address			Home Phone		Cell Phone	
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License Number		DL State	DL Expiration Date	
Please list all previous addresses for the past five (5) years. Use additional sheets if necessary.						
Dates	Street Address				City, State	

Military

Have you ever served in any military organization in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates of Service	Branch and Location	Service Serial No.	Highest Rank
Type of Discharge	Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		



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Education

The Carroll County Sheriff's Office requires its employees to possess a high school diploma or its equivalent prior to employment. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes and completing other entries.

I possess a high school diploma. I passed the General Educational Development (G.E.D.) Exam

School	Name & Address of School	Course of Study	Graduate?	List Diploma or Degree
Elementary		DNA	<input type="checkbox"/> Yes	DNA
			<input type="checkbox"/> No	
High			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
Junior College			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
College			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

Have you ever been expelled from any school? Yes No If yes, explain below:

Have you completed any business (or special training) apprenticeships, correspondence courses, etc.? If so, please list, including course name, location, and number of hours completed.

List any languages (other than English) you are able to speak, read, and/or write.

Are you able to type? Yes No If yes, WPM? _____

Are you able to operate a motor vehicle? Yes No

Summarize any special skills or qualifications you have for this job.

List any special equipment you are able to operate:



Criminal/Civil History

1. Have you ever been convicted of, or plead guilty to, a misdemeanor or felony other than a traffic citation? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been issued a traffic citation? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been refused a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has your driver's license ever been suspended, revoked, or otherwise not valid? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had to pay a fine in excess of \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been reported as a missing person or runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been the victim of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been involved in a motor vehicle accident as a driver or pedestrian? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above, indicate the item number and explain in detail (including all charges, dates, dispositions, and circumstances). You are not required to disclose any sealed or expunged criminal records.

References

List three adults, not related to you, or former employers who have known you for a period of time, preferably more than five years, who can attest to your character, ability, experience, personality, and other qualities.		
Name & Relationship	Address	Phone Number
List professional, business, or civic associations and offices held. Please exclude memberships which would reveal race, religion, sex, age, national origin, ancestry, or other protected status.		



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Employment History

Beginning with your most recent/current employment, list all jobs including full time, part time, temporary, and voluntary positions you have held in the past five (5) years. For identification and verification, please indicate the nature of activity including whether employment is full or part time, temporary, or voluntary, and description of responsibilities and duties. If additional space is needed, use a separate sheet. If you have had intervening periods of military service and/or unemployment, please document those periods.

Employer:	Date Employment Started/Ended:
Address:	Position/Title:
Telephone:	Reason Left:
Nature of Duties:	Supervisor's Name & Title:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Date Employment Started/Ended
Address:	Position/Title:
Telephone:	Reason Left:
Nature of Duties:	Supervisor's Name & Title:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Date Employment Started/Ended
Address:	Position/Title:
Telephone:	Reason Left:
Nature of Duties:	Supervisor's Name & Title:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Date Employment Started/Ended
Address:	Position/Title:
Telephone:	Reason Left:
Nature of Duties:	Supervisor's Name & Title:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Employment History (cont.)

Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation? Yes No If yes, explain below:

Are you now, or have you been, engaged in any business or a corporate member? Yes No
If yes, explain:

Have you ever submitted an application for employment as a police officer, correctional officer, security guard, or Telecommunicator with this or another agency? Yes No If yes, indicate below:

Position Applied For	Agency	Application Date

Have you ever been a law enforcement officer, correctional officer, security guard, telecommunicator, or similar position with this or another agency? Yes No If yes, indicate below:

Position Held	Agency	Date (From/To)

Do you know of anything that might disqualify your appointment to this department? Yes No
If yes, explain:

I hereby declare the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission on this application shall be considered cause for dismissal.

Date: _____

Signature: _____



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AUTHORIZATION FOR BACKGROUND INVESTIGATION RELEASE OF INFORMATION

READ CAREFULLY BEFORE PROVIDING YOUR SIGNATURE BELOW.

I do hereby authorize a review of and full disclosure of all records concerning myself to the Carroll County Sheriff's Office 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 rating); and other financial statements and records whether filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, and efficiency ratings.

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 by the County of Carroll. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for liability which may be incurred as a result of furnishing such information.

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.

PRINTED NAME OF APPLICANT: _____

DATE OF BIRTH: _____

Signature of Applicant: _____

Date: _____