

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 Drivers License Yes _____ No _____ N/A _____
3. Can you produce typed material (typewriter, computer, 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 you may deem of value: _____

Are there any other experiences, skills or qualifications that you feel would especially fit you for work with McLean County 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 and Location	Years Completed				Diploma/Degree	Course of Study
		9	10	11	12		
High School							
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.

1. Employer	Dates Employed		Work Performed:
	From	To	
Address	Hourly Rate/Salary		
	Starting:		
Telephone	Final:		
Job Title	Supervisor		
Reason for Leaving			

2. Employer	Dates Employed		Work Performed:
	From	To	
Address	Hourly Rate/Salary		
	Starting:		
Telephone	Final:		
Job Title	Supervisor		
Reason for Leaving			

3. Employer	Dates Employed		Work Performed:
	From	To	
Address	Hourly Rate/Salary		
	Starting:		
Telephone	Final:		
Job Title	Supervisor		
Reason for Leaving			

4. Employer	Dates Employed		Work Performed:
	From	To	
Address	Hourly Rate/Salary		
	Starting:		
Telephone	Final:		
Job Title	Supervisor		
Reason for Leaving			

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.

1. _____
 Name Relationship Years Acquainted

 Address Phone

2. _____
 Name Relationship Years Acquainted

 Address Phone

3. _____
 Name Relationship Years Acquainted

 Address Phone

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge

I authorize McLean County 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 connection 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 also understand 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 the following departments, you will need to complete a form for purposes of a background investigation. Please ask for one of these forms.

- CIRCUIT CLERK**
- DEPARTMENT COURT SERVICES**
- FACILITIES MANAGEMENT**
- PARKS AND RECREATION**
- METRO McLEAN COUNTY COMBINED COMMUNICATIONS CENTER (METCOM)**

SHERIFF'S

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Application reviewed by:

_____ Name	_____ Date	_____ Name	_____ Date
_____ Name	_____ Date	_____ Name	_____ Date
_____ Name	_____ Date	_____ Name	_____ Date

TO: CORRECTIONAL OFFICE 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 \$39,478.40.

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 the 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 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 drive time from the certified employee's residence to the McLean County Law and Justice Center, Bloomington, IL, regardless of weather and road conditions, vehicle availability and vehicle performance.

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

- Basic Skills Written Test
- Oral Interview

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 place 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.



Jon Sandage
McLean County Sheriff

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 County 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