



# WHITESIDE COUNTY SHERIFF'S OFFICE

**John F. Booker, Sheriff**

Seth Janssen, Chief Deputy 815-772-5209

David Molina, Lieutenant 815-772-5215

Tim Erickson, Lieutenant, Corrections 815-772-5227

## EMPLOYMENT APPLICATION

It is the policy of Whiteside County Sheriff's Office to provide equal employment opportunities to all applicants without regard to any legally protected status, such as; race, color, religion, gender, national origin, age, disability or veteran status. Whiteside County Sheriff's Office keeps applications on file for one (1) year.

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you 21 years old and legally eligible for employment in the United States?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

### POSITION APPLYING FOR:

\_\_\_\_\_  
\_\_\_\_\_

### SKILLS

List any skills that may be useful for the job you are seeking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
**Offenderwatch**

400 N. Cherry Street  
Morrison, IL 61270  
815-772-4044

**D.A.R.E.**

## EMPLOYMENT HISTORY

List all jobs (including self-employed and military service) you have held start with the most recent and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EDUCATION AND TRAINING**

College/University Name and Address: \_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, degree(s) received: \_\_\_\_\_

High School(s)/GED: \_\_\_\_\_

Other Training (graduate, technical, vocational):

Please list any professional licenses or certifications you currently hold:

Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

List any three (3) non-relatives who will provide a reference for you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application.

I authorize the Whiteside County Sheriff's Office to contact former employers and educational organizations to fully and freely communicate information regarding my previous employment and education. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date