



Revised 9/21/2020

# WHITESIDE COUNTY SHERIFF'S OFFICE

## EMPLOYMENT APPLICATION FORM

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, disability, marital status, religion or any other legally protected status.

**NOTICE:** The following additional documents must be attached to this application **if applicable:**

- Copy of your driver's license, if any
- Copy of your social security card
- Copy of your birth certificate
- Copy of your high school diploma or GED (IL Police Standards approved) and/or transcripts
- Copy of any college, vocational degrees or transcripts
- Copy of your DD-214 (military discharge papers)
- Complete work history information
- Copy of your state certification exam grade for sworn/corrections
- Copy of a certificate of completion for law enforcement / corrections / dispatch

### CHECK POSITION APPLYING FOR:

- |  |  |
|--|--|
| <input type="checkbox"/> Deputy Sheriff            | <input type="checkbox"/> Clerical          |
| <input type="checkbox"/> Correction Deputy         | <input type="checkbox"/> Mounted Patrol    |
| <input type="checkbox"/> Dispatch/Telecommunicator | <input type="checkbox"/> Clergy/Volunteers |

### INSTRUCTIONS

Application must be typewritten or printed legibly in blue or black ink. **All questions must be answered. Applications which are not complete will not be considered.** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

### PERSONAL HISTORY

1. Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

2. Other: List all other names you have used and explain the circumstances as well as the time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s).

\_\_\_\_\_  
(Name) (Circumstances) (mo. /yr. dates from) (mo. /yr. dates to)

\_\_\_\_\_  
(Name) (Circumstances) (mo. /yr. dates from) (mo. /yr. dates to)

3. Mailing/Physical address: \_\_\_\_\_

\_\_\_\_\_  
(Current)

4. Email address: \_\_\_\_\_  
(Current)

5. Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

## BACKGROUND INFORMATION

**THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION**

6. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

(Current)

7. Are you a United States citizen?  Yes  No

If naturalized, please provide what: \_\_\_\_\_

(Date) (Place) (Court) (Naturalization)

8. Marital Status:  Married  Separated  Widowed  Single  Divorced

9. Do you have or have you ever applied for a passport?  Yes, Passport # \_\_\_\_\_  No

## CONFIDENTIAL EMPLOYEE HISTORY

**THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL AND  
WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.**

10. Spouse's Name and address if different:

\_\_\_\_\_

\_\_\_\_\_

11. Children's Names, Date of birth and address if different than applicants:

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12. Former Spouse (s) Name and Address:

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13. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the (Sworn or Non-sworn) position for which you applied?

Yes  No  N/A

14. This (Sworn) position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination?  Yes  No  N/A

15. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

(Name)	(Address)	(Home/business phone)
_____	_____	_____
(Name)	(Address)	(Home/business phone)
_____	_____	_____

16. Please provide the name, address and phone number of your personal or family physician to be contacted in case of an emergency:

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## EDUCATION/TRAINING

17.	High School Name/Address/Phone And Fax Number	Dates attended		Grades Did You Complete	Type of Diploma
		From	To		

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

18.	<b>College/University</b> Name/Address/Phone & Fax Number	Dates attended From To Mo/Yr.	Did You Graduate?	Type of Degree/Certificate
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<hr/>				
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19. Other Schools (Trade, Vocational, Business or Military):

Name/Address/Phone Fax Number	Dates attended From / To Mo/Yr.	Did You Graduate?	Type of Degree/Certificate
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<hr/>			
<hr/>			

20. Indicate any languages other than English you can:

Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

21. Indicate any law enforcement education/training and any type of special license such as pilot, radio operator, etc. \_\_\_\_\_

22. Describe any word processing or computer skills you have and list all software you have used: \_\_\_\_\_

23. Indicate any special skills you possess and equipment you can use which may be related to your field of employment. \_\_\_\_\_

24. May we contact your present employer?  Yes  No

On what date are you available for work? \_\_\_\_\_

Are you available to work ...  Full time  Nights/Weekends  Shift work  Part time

# EMPLOYMENT HISTORY

25. List all employment during the last 10 years beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment. Please make sure you completely fill out all areas and provide phone and fax number or email address for all employers.

**Employer:**

**(1) Name:** \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Area Code Phone & Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**(2) Name:** \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Area Code Phone & Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**(3) Name:** \_\_\_\_\_

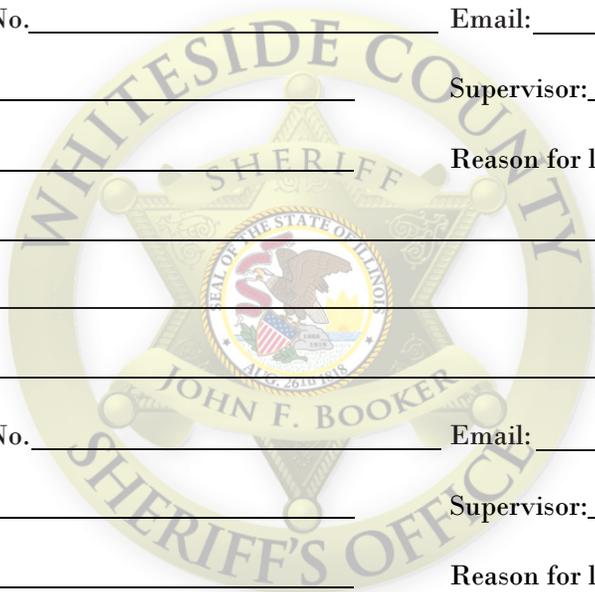
Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Area Code Phone & Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



**(4) Name:** \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Area Code Phone & Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**(5) Name:** \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Area Code Phone & Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**(6) Name:** \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Area Code Phone & Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**(7) Name:** \_\_\_\_\_

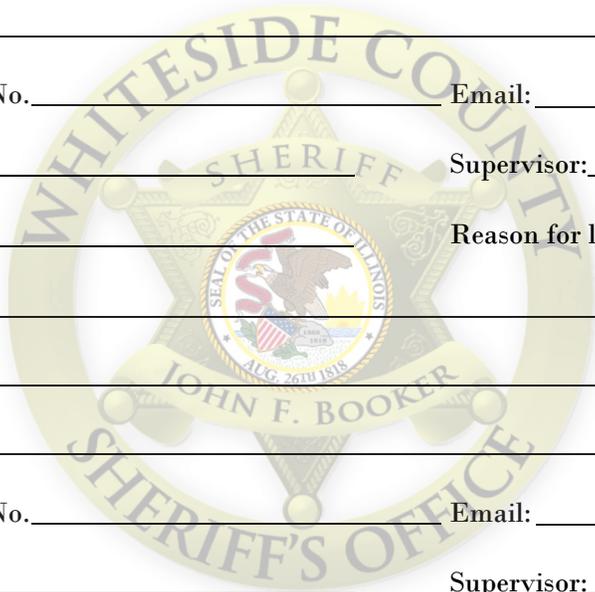
Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Area Code Phone & Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



(8) Name: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Area Code Phone & Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

26. Have you ever been dismissed; been asked to resign or had any disciplinary action taken against you from any employment/position you have held?  Yes  No

*If yes, please provide details.*

\_\_\_\_\_

27. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  Yes  No

*If yes please provide details.*

\_\_\_\_\_

28. Have you ever applied for employment with a law enforcement agency or performed (paid or unpaid) services for a law enforcement agency not listed above as an employer?  Yes  No If yes, please provide name of agency and date of application or service.

\_\_\_\_\_

29. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?  Yes  No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

\_\_\_\_\_

30. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (this means there is some administrative adjudication substantiating that the sexual abuse occurred in an institution, defined as state facilities for people who are mentally ill, disabled, or retarded, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, or intermediate or long-term care, or custodial or residential care)?  Yes  No
31. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
32. Have you ever been civilly or administratively adjudicated to have engaged in any of the activity described above?  Yes  No



## RESIDENCES

33. Actual places of residence for **past 10 years** – list oldest first of all addresses, including residences while in school and in the military. For college on-campus residences, give the dormitory name, city and state. If residences during military service cannot be shown as street address, indicate the complete military unit designation and the location by city and state. If post office box, give location of post office, also list physical address at the time using the post office box address.

**Address with City State and Zip Code**

(Please include Apartment Number)

**County**

**Dates of residence:**

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## ARREST HISTORY/COURT DATA

*Provide details for each yes response to all questions*

34. Have you ever been arrested, been charged received a notice or summons to appear, been convicted pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? To include any and all juvenile record.  Yes  No If

yes then explain in detail: \_\_\_\_\_

35. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?

Yes  No

36. To your knowledge, has any member of your immediate family (Parent, Sibling, child, or spouse) ever been arrested for anything other than traffic violations? If yes, please explain in detail:

Yes  No

If yes, list all such matters even if the immediate family member (Parent, sibling, child, or spouse) was not formally charged, no court appearance occurred or found not guilty, pled nolo contendere to any charge for which adjudication was withheld, or the matter settled by payment of a fine or forfeiture of collateral. (Include juvenile records and records of family member's arrest(s) which have been sealed or expunged, if any.)

Relative's Name, Place & Disposition	Place & Department	Date	Charge Court
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37. Have you or your spouse ever been a plaintiff or defendant in a civil court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)  Yes  No If you answered yes, give the date, place, or court, case number, names of involved parties, nature of action, and final disposition.

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38. Have you ever been detained or questioned by any law enforcement officer for investigative purposes including a Field Interview or, to your knowledge, have you ever been the subject of or a suspect in any type of criminal investigation?  Yes  No If yes to this question please explain in detail.

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39. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No If yes please provide details.

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## DRIVING HISTORY

40. Are you a licensed Illinois automobile operator or chauffeur?  Yes  No

License No.: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Restrictions: \_\_\_\_\_

41. Do you hold or have you ever held an operator or chauffeur license in another state?

Yes  No If yes, please provide state(s), name used and approximate dates license(s)

was/were held. \_\_\_\_\_

42. Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked?  Yes  No  
If yes, please provide complete details including why license was revoked, denied or suspended.  
\_\_\_\_\_

43. Have you ever had automobile insurance refused, suspended, or revoked?  Yes  No If yes, please provide complete details. \_\_\_\_\_

## MILITARY HISTORY

44. Are you registered for Selective Service?  Yes  No

If yes, please provide your Selective Service Number: \_\_\_\_\_

Classification: \_\_\_\_\_ Date of Classification: \_\_\_\_\_

Date and type of discharge: \_\_\_\_\_

Address of Local Board: \_\_\_\_\_

45. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

If yes please provide:

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Serial #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

46. Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes  No

47. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: \_\_\_\_\_

48. Was any type of disciplinary action taken against you in the service?  Yes  No  
If yes, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

49. Have you ever served in the Armed Forces of a foreign country?  Yes  No If yes, please specify countries and dates. \_\_\_\_\_

**VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished with this application.**

- Yes  No 1. I am a veteran with a service-connected disability who was honorably discharged and who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- Yes  No 2. I am the spouse of a veteran who cannot qualify for employment because of a total and permanent disability or I am the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- Yes  No 3. I am a veteran as defined in section 65 ILCS 5/10-1-16 Illinois Statutes,
- Yes  No 4. I am the unremarried widow or widower of a veteran who died of a service-connected disability

**BUSINESS INTERESTS & LICENSES**

50. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?  Yes  No If yes please provide details: \_\_\_\_\_

51. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes  No  If yes please provide details: \_\_\_\_\_

52. Was license ever cancelled, relinquished, suspended or revoked?  Yes  No If yes please provide details: \_\_\_\_\_

If yes to any question please provide details below including the type of license or certificate, the agency that issued the license, effective date of license and license number.

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## CREDIT DATA

53. Do you have any sources of income other than your salary or the salary of your spouse?

Yes  No

Specify each with an estimated annual amount. \_\_\_\_\_

54. Are you or your spouse indebted to anyone?  Yes  No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of amount.

Creditor	Address	Amount	Loan or Account Number:
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55. Have you, your spouse, or a company controlled by you filed for bankruptcy?  Yes  No, or declared bankruptcy?  Yes  No, or had a legal judgment rendered against you for a debt?

Yes  No, or been subject to a tax lien?  Yes  No If yes to any of these questions, please provide details. \_\_\_\_\_

## ORGANIZATION MEMBERSHIP

56. List all clubs, societies of which you are or have been a member:

Present \_\_\_\_\_

Former \_\_\_\_\_

(list position name, address held & describe activity)

57. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

58. Have you ever made a financial or other material contribution to any organization of the type described in question #57 above?  Yes  No If yes to question #57 or #58, answer questions #59a and #59b also.

59a. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?  Yes  No

59b. Did you intend to promote any unlawful aims of the organization?  Yes  No

## DRUG HISTORY

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 whether the medical information, if disclosed, would identify the applicant.

60. Do you currently use any narcotic or controlled substance, such as marijuana, cannabinoids, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year?  Yes  No

61. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: marijuana, cannabinoids, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?

Yes  No If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. How taken: \_\_\_\_\_

c. Last time illegally experimented with or used: \_\_\_\_\_

62. Do you now or have you ever illegally obtained, possessed, supplied, used, or sold any narcotic or controlled substance such as, but not limited to: marijuana, cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?

Yes  No If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. Circumstances: \_\_\_\_\_

c. Number of times illegally obtained/possessed/supplied/used/sold: \_\_\_\_\_

d. First time illegally obtained/possessed/supplied/used/sold: \_\_\_\_\_

e. Last time illegally obtained/possessed/supplied/used/sold: \_\_\_\_\_

63. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?

Yes  No If yes, provide details, including drug, date, and circumstances. \_\_\_\_\_

64. Have you ever been treated by a licensed treatment provider for alcohol, narcotics or drug addiction for any of the substances as set forth above?

Yes  No If yes, provide details: \_\_\_\_\_

*I understand that the "Applicants Certification" applies in all respects to the responses provided in the "Employee History" and "Drug History."*

Signature of the applicant as usually written: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

## APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability?  Yes  No

**STATE OF ILLINOIS, COUNTY OF \_\_\_\_\_**

Before me personally appeared who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires on \_\_\_\_\_ Notary Public \_\_\_\_\_

Personally Known – or – Produced Identification: \_\_\_\_\_ Type of Identification Produced: \_\_\_\_\_

# BACKGROUND INVESTIGATION WAIVER

## Authority for Release of Information

TO: Concerned Person or  
Authorized Representative of  
Any Organization, Institution  
Or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_

### EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

I hereby authorize any employee or authorized representative WCSO bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of WCSO. Consent is granted for WCSO to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

**I hereby authorize the National Records Center, St. Louis, Missouri, and any other custodian of my military record to release information and photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:**

*Illinois State Statute 745 ILCS 5/ titled employer immunity from liability; disclosure of information regarding former employees states: – An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 745.*

Pursuant to 5 ILCS 140/ Laws of Illinois, freedom of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_

## AFFIDAVIT

STATE OF ILLINOIS, COUNTY OF \_\_\_\_\_

Before me personally appeared who swears that all statements contained therein are true and correct that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_ Notary Public \_\_\_\_\_  
Personally Known – or – Produced Identification: \_\_\_\_\_ Type of Identification Produced: \_\_\_\_\_

## PERSONAL REFERENCES & ACQUAINTANCES

Personal References: For **Support Staff give three (3) references**; For **Law Enforcement give (6) references** (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years.

**(1) Complete name:** \_\_\_\_\_

Complete home address: \_\_\_\_\_

Home Phone no: \_\_\_\_\_ Cell Phone no: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone no: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email address: \_\_\_\_\_

**(2) Complete name:** \_\_\_\_\_

Complete home address: \_\_\_\_\_

Home Phone no: \_\_\_\_\_ Cell Phone no: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone no: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email address: \_\_\_\_\_

**(3) Complete name:** \_\_\_\_\_

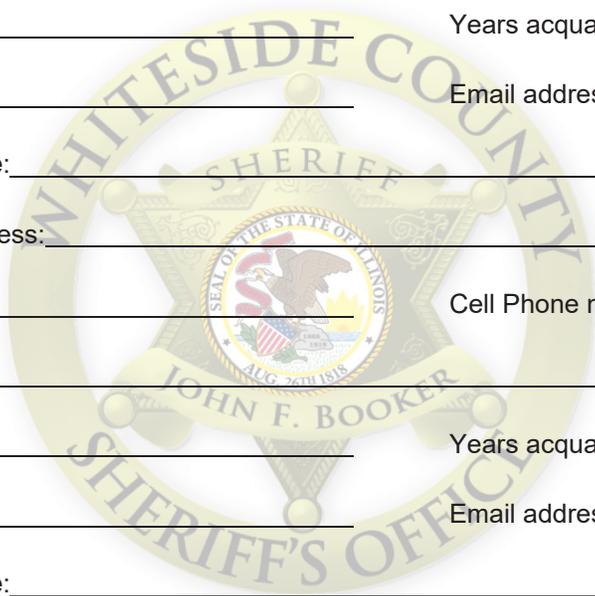
Complete home address: \_\_\_\_\_

Home Phone no: \_\_\_\_\_ Cell Phone no: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone no: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email address: \_\_\_\_\_



**(4) Complete name:** \_\_\_\_\_

Complete home address: \_\_\_\_\_

Home Phone no: \_\_\_\_\_ Cell Phone no: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone no: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email address: \_\_\_\_\_

**(5) Complete name:** \_\_\_\_\_

Complete home address: \_\_\_\_\_

Home Phone no: \_\_\_\_\_ Cell Phone no: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone no: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email address: \_\_\_\_\_

**(6) Complete name:** \_\_\_\_\_

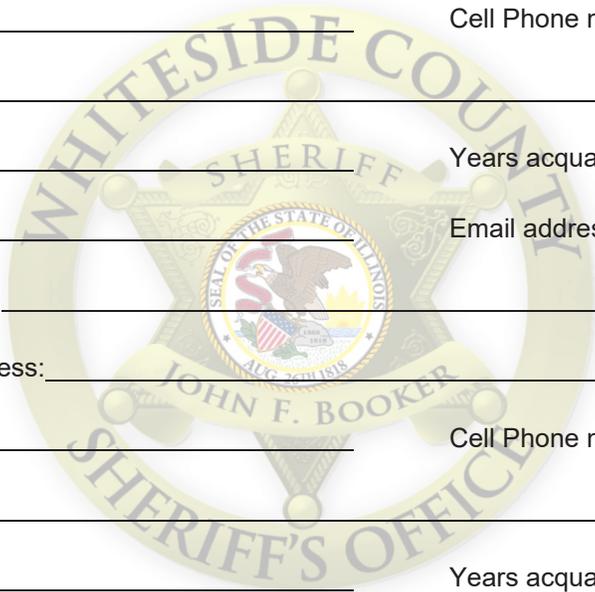
Complete home address: \_\_\_\_\_

Home Phone no: \_\_\_\_\_ Cell Phone no: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone no: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email address: \_\_\_\_\_



# **ACKNOWLEDGEMENT/ DISCLOSURE STATEMENT FOR EMPLOYMENT CREDIT REPORT**

I, \_\_\_\_\_ hereby acknowledge, agree and understand that “The Whiteside County Sheriff’s Office” has asked that I provide my social security number (SSN). The decision to provide my SSN is at my option, but failure to provide your SSN may result in an inability to process your application or request. The Whiteside County Sheriff’s Office collects your Social Security number for purposes which include but are not limited to the following: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking; benefit processing; and tax reporting. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes. If I provide my SSN, the Whiteside County Sheriff’s Office may share the information with other agencies for the same purpose. The Whiteside County Sheriff’s Office request for my SSN is authorized by state law because use of it is imperative for the Whiteside County Sheriff’s Office to fulfill its lawful duties and responsibilities.

I acknowledge and understand that the Whiteside County Sheriff’s Office will procure a credit report concerning my employment. If an adverse employment decision is made due totally or partially to the information on the credit report, the Whiteside County Sheriff’s Office will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them if I wish. **AFFIDAVIT**

**STATE OF ILLINOIS, COUNTY OF \_\_\_\_\_**

Before me personally appeared who swears that all statements contained therein are true and correct that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_. Notary Public \_\_\_\_\_

Personally Known – or – Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

# WHITESIDE COUNTY SHERIFF'S OFFICE

## CREDIT INFORMATION

Dear Candidate:

The Whiteside County Sheriff's Office conducts a thorough investigation on each candidate seeking employment. One of the components of this investigation is a credit history check. First, we suggest you request your own copy of your credit report in order to analyze its content. Many times people are totally unaware of the content of their personal credit history as it is reported to the credit bureau.

The following reporting agencies will sell you a copy of your credit report. Each of them has several options from which you may choose. One of those options is obtaining reports from all three agencies for one price. Ensure they provide you directions on how to interpret their report format.

Credit reporting agencies:

Equifax P.O. Box 105069, Atlanta, GA, 30348 to order credit: 800-685-1111

[www.econsumer.equifax.com](http://www.econsumer.equifax.com)

Experian P.O. Box 9532, Allen, TX, 75013 to order credit: 866-200-6020

[www.experian.com](http://www.experian.com)

Transunion P.O. Box 6790, Fullerton, CA, 92834 to order credit: 800-888-4213

[www.transunion.com](http://www.transunion.com)

Once you have reviewed your credit report, if there are any "past due", "delinquent", or "derogatory" accounts being reported, you must address these issues prior to a credit report being ordered by us and be prepared to provide the documentation addressing the specific issues. The credit bureau can also explain how to dispute entries. If your credit is in serious trouble, you may wish to contact a credit counseling service.

The responsibility associated with being an employee of a law enforcement agency starts at the point of accepting responsibility for your actions. This includes your duty to pay bills. Failure to follow the listed instructions will delay your processing for the position you are seeking. Once your application has been accepted by our recruiting staff, failure to follow up and provide required documentation regarding credit issues may result in your application being inactivated. We will also require you to sign a release authorizing us to query your credit and obtain a credit report from a credit bureau such as one listed above.

This topic is very important to the overall process of our investigation into your suitability for the position you are seeking. We urge you not to procrastinate in this matter if your credit history requires your immediate attention. Obtaining or providing documentation will take time and effort on your part.

We welcome the opportunity to review your application and wish you luck in your endeavor to become an employee of the Whiteside County Sheriff's Office.

Regards,

Whiteside County Sheriff's Office

As part of your background investigation for employment with the Whiteside County Sheriff's Office, a credit report is required. The Consumer Credit Reporting Reform Act of 1996 went into effect on September 30, 1997. The Reform Act added to the Fair Credit Reporting Act a new section governing the use of credit reports for employment purposes.

The following conditions must be met prior to requesting credit reports for employment purposes:

1. Before the employer can obtain a credit report, the employer must provide a clear and conspicuous written disclosure to the applicant that a credit report may be obtained for employment purposes. A written authorization from the applicant is also required to obtain his or her credit report.
2. Before taking any adverse action based in whole or in part of the credit report, the employer must provide to the applicant a copy of the report and a written summary of the applicant's rights (a copy is included) as prescribed by the Fair Credit Reporting Act.
3. The employer must certify that the report will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.
4. A summary of the applicant's rights must be provided with the credit report.

**Please read the above information carefully before signing this authorization. We also suggest you read the included summary of your rights under the Fair Credit Reporting Act. If you have any questions regarding this information on credit reports or the authorization, please contact the Whiteside County Sheriff's Office.**

#### **AUTHORIZATION TO OBTAIN CREDIT REPORT**

I, \_\_\_\_\_ authorize the Whiteside County Sheriff's Office to obtain credit reports on me through the Credit Reporting Agencies of its choice. If I become employed by WCSO, I further authorize the Whiteside County Sheriff's Office to check my credit record and obtain a credit report on me as needed on a continuing basis as they relate to my employment. I certify that I have read, agree and understand the employer's obligation regarding these credit reports. I have also read, understand and received a copy of a summary of my rights under the Fair Credit Reporting Act and I have read and swear to understand this authorization

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
Signature

**STATE OF ILLINOIS, COUNTY OF \_\_\_\_\_**

Before me personally appeared who swears that all statements contained therein are true and correct that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_, Notary Public \_\_\_\_\_

Personally Known – or – Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

# INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

**1. General Information.** The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

**2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180. (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago.)

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's legal guardian is needed in Section III of the SF180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, the surviving next-of-kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next-of-kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

**3. Archival Records.** Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the photocopies of documents in the requested record, you will receive an invoice. Photocopies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

**4. Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number.

**5. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

**6. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

## PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

## PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

**REQUEST PERTAINING TO MILITARY RECORDS: Boxes 1-4 and signature required of ALL applicants**

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>  
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

**SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)**

<b>1. NAME USED DURING SERVICE</b> (last, first, full middle)	<b>2. SOCIAL SECURITY #</b>	<b>3. DATE OF BIRTH</b>	<b>4. PLACE OF BIRTH</b>

**5. SERVICE, PAST AND PRESENT** (For an effective records search, it is important that ALL service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE	Unknown			<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE	Unknown			<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD	Unknown			<input type="checkbox"/>	<input type="checkbox"/>	

**6. IS THIS PERSON DECEASED?**  NO  YES - *MUST provide Date of Death if veteran is deceased:* \_\_\_\_\_

**7. DID THIS PERSON RETIRE FROM MILITARY SERVICE?**  NO  YES

**SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED**

**1. CHECK THE ITEM(S) YOU ARE REQUESTING:**

**DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: \_\_\_\_\_

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.

*An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:*  I want a **DELETED** copy.

**Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. *IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:* \_\_\_\_\_

**Other** (Specify): Include all conduct violations; judicial and non-judicial hearings; performance evaluations

**2. PURPOSE:** (Providing information about the purpose of the request is **strictly voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

- Benefits (explain)  
 Employment  
 VA Loan Programs  
 Medical  
 Genealogy  
 Correction  
 Personal  
 Other (explain)

Explain here: \_\_\_\_\_

**SECTION III - RETURN ADDRESS AND SIGNATURE**

**1. REQUESTER NAME:** \_\_\_\_\_

**2.**  I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.

I am the VETERAN'S LEGAL GUARDIAN (*MUST submit copy of Court Appointment*) or AUTHORIZED REPRESENTATIVE (*MUST submit copy of Authorization Letter or Power of Attorney*)

I am the DECEASED VETERAN'S NEXT-OF-KIN (*MUST submit Proof of Death. See item 2a on instruction sheet.*)

OTHER \_\_\_\_\_

(Relationship to deceased veteran)

(Specify type of Other)

**3. SEND INFORMATION/DOCUMENTS TO:**

Whiteside County Sheriff's Office

400 N. Cherry Street

Street \_\_\_\_\_ Apt. \_\_\_\_\_

Morrison \_\_\_\_\_ IL \_\_\_\_\_ 61270

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**4. AUTHORIZATION SIGNATURE:** I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

\* This form is available at <http://www.archives.gov/veterans-military-service-records/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. \*

Signature Required - Do not print \_\_\_\_\_ Date \_\_\_\_\_

Daytime phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email address \_\_\_\_\_

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER		
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
Active, Reserve, or TDRL	10		
PHS	Public Health Service - Commissioned Corps officers only	12	

**ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form**

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center ATTN: Release of Information P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTSC) 18420 E. Silver Creek Avenue Building 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command's web page: <a href="https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents">https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents</a> or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 <a href="mailto:MR_CustomerService@uscg.mil">MR_CustomerService@uscg.mil</a>	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030	9	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002  eVetRecs: <a href="http://www.archives.gov/veterans/military-service-records/">http://www.archives.gov/veterans/military-service-records/</a>
5	Marine Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3120		

Additional Information/Comments

