



WHITESIDE COUNTY SHERIFF'S OFFICE

John F. Booker, Sheriff

Jeff VenHuizen, Chief Deputy 815-772-5209

Jake Kilberg, Lieutenant, Service Division 815-772-5215

Kimberly Cavazos, 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: _____

Email: _____

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

If applying for Dispatch/Telecommunicator, are you 18 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:



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EMPLOYMENT HISTORY

List all jobs (including self-employed and military service) you have held, start with the most recent listing and explaining 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): _____



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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: _____



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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: _____





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CERTIFICATION

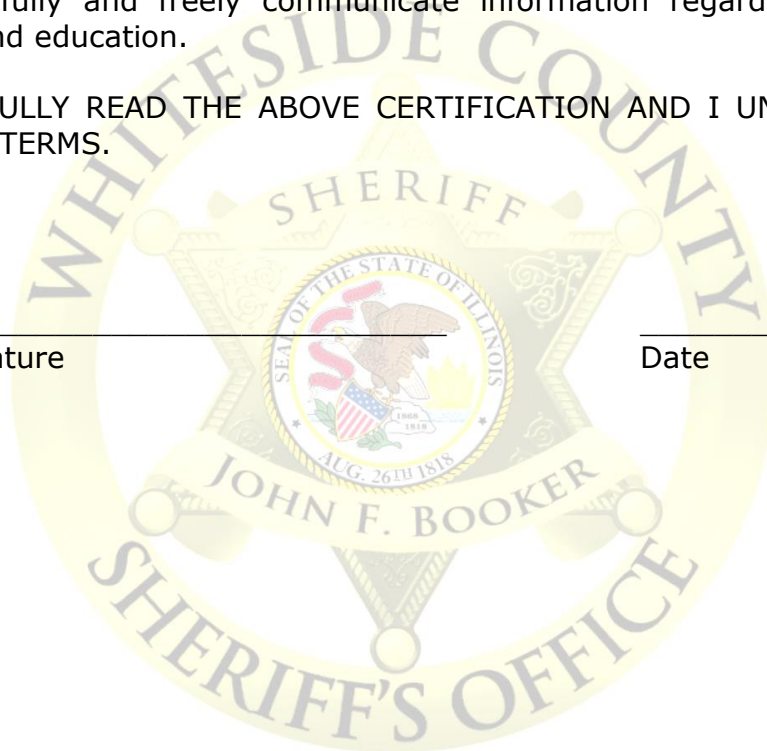
I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application.

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





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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: _____