



DeKalb County Sheriff's Office

ADMINISTRATION OFFICE • 815-895-7260
CIVIL PROCESS • 815-895-7259
COMMUNICATION CENTER • 815-895-2155
CORRECTIONS/JAIL • 815-895-4177
FAX • 815-895-7235 - SHERIFF
FAX • 815-895-7275 - COMMUNICATIONS
FAX • 815-899-0777 - CORRECTIONS

"TO SERVE AND PROTECT"

ROGER A. SCOTT, SHERIFF
ANDREW SULLIVAN, CHIEF DEPUTY

July, 2018

TO: Corrections/Patrol Candidates
FROM: DeKalb County Merit Commission
REF: Testing Agenda

Sheriff's Deputy Applicant,

The testing cycle for the DeKalb County Sheriff's Office will begin on **Saturday, August 4, 2018** at the **DeKalb County Community Outreach Building** 2500 North Annie Glidden Road DeKalb, IL 60115. **Candidate check in begins at 8:15 AM, with test beginning at 9:00 AM.**

Part I. of the testing will be a written test. Those applicants, who successfully pass the written test, will be scheduled for Part II of the testing cycle, oral interviews conducted by the Merit Commission. Dates to be announced. All candidates must be available for all phases of the testing cycle, at the time designated. There are no make-up times available.

DEADLINE FOR APPLICATIONS: In order to participate in the written test applications must be received no later than 4:00 PM August 1, 2018 at the DeKalb County Sheriff's Office 150 N. Main Street Sycamore, IL 60178.

We thank you for your interest in the DeKalb County Sheriff's Office.

Mr. Gene Lane, Chairman
DeKalb County Sheriff's
Merit Commission
150 N. Main St.
Sycamore, IL 60178

**COUNTY OF DEKALB
APPLICATION FOR DEPUTY SHERIFF**

**2018
CORRECTIONS/PATROL
DIVISION**

Name: _____

First

Middle

Last

Address: _____

City: _____ **State** _____ **Zip code** _____

Phone #: _____ **Cell Phone #** _____ **E-mail** _____

Do you have a valid Illinois Drivers License? _____

Drivers License #: _____ **Place of Birth:** _____

SSN: _____ **How long at the above address?** _____

Please list any other addresses for the last 10 years:

U.S. Citizen? Y N **If naturalized please give date:** _____

(attach copy of naturalization papers)

EDUCATION

Name of High School _____

Diploma, degree or highest grade completed? _____

Name of College: _____

Diploma, degree or highest level completed? _____

Please list any other special training, apprenticeships, correspondence courses, etc.

MILITARY SERVICE

Have you ever been in the military or any full time National Service

Organization? _____

If yes: What branch _____ **Date of enlistment & Discharge** _____

Ranks held _____ **Type of Discharge** _____

Serial Number _____

Are you a member of the Military Reserve? _____ **If yes, explain** _____

GENERAL INFORMATION**

Have you ever been arrested? _____ **If so, what was the charge, date and disposition of the Case?** _____

Other Involvement in Illegal Activity? _____

Is your vision 20/20 corrected? Y N

****No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.**

Can you operate a computer? _____ **If yes, what programs are you familiar with:** _____

Do you know of anyone who may try to injure you in any way and why? _____

Can you speak, read or write any foreign language? Specify _____

Have you been active in athletics? (If yes, please describe) _____

If you have any hobbies, please list them: _____

Give names and relationships of any relatives now in County service: _____

REFERENCES:

Provide three people, other than relatives or past employers, who know you well enough to give information about you.

Name: _____

Address: _____

Phone: _____ **Occupation:** _____

Name: _____

Address: _____

Phone: _____ **Occupation:** _____

Name: _____

Address: _____

Phone: _____ **Occupation:** _____

FINANCIAL INFORMATION

Do you and if applicable your spouse have total indebtedness that exceeds \$30,000.00?

_____ **yes** _____ **no** **If yes, list below.**

Lender: _____

Address: _____

Date First Occurred: _____ **Balance Due:** _____ **Original Amount:** _____

Lender: _____
Address: _____
Date First Occurred: _____ **Balance Due:** _____ **Original Amount:** _____

Lender: _____
Address: _____
Date First Occurred: _____ **Balance Due:** _____ **Original Amount:** _____

WORK HISTORY

List your complete work history completely, start with present employment and work back. (Account for any periods of unemployment). If needed, attach additional employment.

Started: _____ **Left** _____ **Employer:** _____
Supervisor: _____ **Phone** _____
Duties: _____
Reason for Leaving: _____ **Wages:** _____

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Supervisor: _____ **Phone** _____
Duties: _____
Reason for Leaving: _____ **Wages:** _____

Started: _____ **Left** _____ **Employer:** _____
Supervisor: _____ **Phone** _____
Duties: _____
Reason for Leaving: _____ **Wages:** _____

Started: _____ **Left** _____
Employer: _____
Supervisor: _____ **Phone** _____
Duties: _____
Reason for Leaving: _____ **Wages:** _____

If now employed, can we contact your present employer as a work reference? _____
If no, please explain: _____

Essential functions of a Deputy include, but are not limited to:

- *Performing duties during high mental and emotional stress situations.**
- *Performing duties in an enclosed smoke free environment.**
- *The possibility of physical altercations and/or apprehension of defendants, jail inmates, or others.**
- *Working on any assigned shift. (i.e. day, evening or midnight shifts)**

Is there any reason you cannot perform the essential functions of Deputy Sheriff as listed above? _____

If yes, please specify: _____

What prompted you to make application to the Sheriff's Office? _____

Have you any special interests in police work? _____

How did you hear about our testing process?
1. Newspaper? Y N If yes, which one? _____
2. Word of mouth? Y N Blue Line Y N
3. Other _____

You may indicate in the space below and on additional sheets, if necessary, such as experience/training you have had which will qualify you for the position you are applying for. _____

All applicants must sign the following:

I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected, and I will be disqualified from applying in the future for any position in the service of the County of DeKalb.

Signature of Applicant **Date**

- PLEASE ENCLOSE THE FOLLOWING ALONG WITH THIS APPLICATION:**
- 1. PHOTO OF YOURSELF**
 - 2. SUCCESSFUL COMPLETION OF P.O.W.E.R. TEST**
 - 3. A COPY OF BIRTH CERTIFICATE**
 - 4. A COPY OF HIGH SCHOOL DIPLOMA OR A SEALED OFFICIAL CERTIFIED COLLEGE TRANSCRIPT**

**Mailing Address is: DeKalb County Sheriff's Office Merit Commission
150 N. Main St. Sycamore, IL 60178**