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 **Thursday, October 15, 2020 and Saturday October 17, 2020** at the **DeKalb County Community Outreach Building**, 2500 N. Annie Glidden Road, DeKalb, IL 60115. **Candidate check in begins at 5:00 PM on Thursday 15, 2020, with test beginning at 5:30 PM. Saturday October 17, 2020 check in begins at 8:00 AM, with test beginning at 8:30 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 October 9, 2020 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. Todd Walker, Chairman  
DeKalb County Sheriff’s  
Merit Commission  
150 N. Main St.  
Sycamore, IL 60178
COUNTY OF DEKALB
APPLICATION FOR DEPUTY SHERIFF

2020

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:____________

Members of your current household:
Name                Date of Birth    Relationship
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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:_________________________________________________________________________

Started:_______________Left___________________Employer:_____________________________________
Supervisor:_______________________________________Phone__________________________________
Duties:_______________________________________________________________________________________
Reason for Leaving:_________________________________________________________________________

Started:_______________Left___________________Employer:_____________________________________
Supervisor:_______________________________________Phone__________________________________
Duties:_______________________________________________________________________________________
Reason for Leaving:_________________________________________________________________________

Started:_______________Left__________________Employer:_______________________________________
Supervisor:_______________________________________Phone____________________________________
Duties:________________________________________________________________________________________
Reason for Leaving:__________________________________________________________________________

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
  3. Blue Line      Y   N
  4. 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 (UNLESS YOU ARE ACTIVE/CURRENT PEACE OFFICER OR MILITARY, MUST PROVIDE PROOF)
  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