



# 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 • 815-899-0757 - SHERIFF  
FAX • 815-895-7275 - COMMUNICATIONS  
FAX • 815-895-6525 - CORRECTIONS

"TO SERVE AND PROTECT"

**ROGER A. SCOTT, SHERIFF**

**ANDREW SULLIVAN, CHIEF DEPUTY**

September, 2020/ October, 2020

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:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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