



# CHRISTIAN COUNTY SHERIFF'S OFFICE

CORRECTIONAL CENTER \* 9-1-1 CENTER  
301 W. FRANKLIN STREET • P. O. BOX 678 • TAYLORVILLE, IL 62568

SHERIFF  
BRUCE KETTELKAMP

PHONE (217) 824-4961

CHIEF DEPUTY  
Scott Woods

FAX (217) 824-4963 SHERIFF'S OFFICE  
FAX (217) 824-7890 9-1-1/COMMUNICATIONS

COMMITMENT \* INTEGRITY \* SERVICE

Last Name First Name Middle Name/Initial

Street and Number City County

State Zip Phone

Can your education and/or employment records be verified using the above name and social security number?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, list other name(s): \_\_\_\_\_

Name, address and phone number of person who will know where you may be contacted:

( )  
Phone

Please follow these general instructions.

1. Read the Examination/Position Announcement and be sure you meet, with or without reasonable accommodation, the "QUALIFICATIONS" listed.
2. Answer all questions and complete all spaces on this application.
3. Submit all transcripts and documents at time of application.

Position applied for: \_\_\_\_\_

How did you learn of the examination/position? \_\_\_\_\_ Have you been previously employed by Christian County? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from \_\_\_\_\_ to \_\_\_\_\_ Department \_\_\_\_\_

Are you at least eighteen years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S. citizen or an alien legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

On what basis are you available for employment? (Check any or all that apply)

Full time \_\_\_\_\_ Part time \_\_\_\_\_

Are you available for:	Weekends & Holidays	Yes _____	No _____
	Rotating Shifts	Yes _____	No _____
	On Call	yes _____	No _____

Shift preference (check any or all that apply) Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ Nights \_\_\_\_\_

1. Have you ever been discharged or asked to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you ever been convicted of a crime other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you object to an inquiry of your present employer in regard to your ability to work with others, work record, qualifications or abilities?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" TO ANY OF THE LAST THREE QUESTIONS, please give specifics on a separate sheet. A "yes" answer does not automatically disqualify you from employment.

Answer the four questions below if they are essential functions of the job for which you are applying.

1. Do you possess a valid Drivers License? \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_
2. Do you possess a valid Commercial Drivers License? \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_
3. Can you produce typed material (typewriter, word processing, other)? \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_
4. Can you take notes verbatim (word for word) at a reasonable speed? \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

List any in-service training, instruction courses or programs you have completed. \_\_\_\_\_

List any special information as to your work record you may deem of value. \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization and/or the position for which you are applying? \_\_\_\_\_

If license, certificate or other authorization to practice a trade or professional is required for the position for which you are applying, complete the following:

Name of trade or profession \_\_\_\_\_ License Number \_\_\_\_\_  
 Granted By \_\_\_\_\_ City and/or State of \_\_\_\_\_  
 Specialty \_\_\_\_\_ Licensed from \_\_\_\_\_ To \_\_\_\_\_

EDUCATION	Name and Location	Years Completed				Diploma/Degree	Course of Study
		9	10	11	12		
High School							
College		1	2	3	4		
Graduate/Professional		1	2	3	4		
Trade School		1	2	3	4		

Describe your extra-curricular activities (e.g. professional/student organizations, leisure activities, civic, etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Indicate any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
<b>Telephone Number(s)</b>			
<b>Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
<b>Telephone Number(s)</b>			
<b>Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
<b>Telephone Number(s)</b>			
<b>Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
<b>Telephone Number(s)</b>			
<b>Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>			
	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
<b>Telephone Number(s)</b>			
<b>Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

**REFERENCES**

List three business/work references who are not related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

1. \_\_\_\_\_  
 Name Relationship Years acquainted  
 \_\_\_\_\_  
 Address Phone

2. \_\_\_\_\_  
 Name Relationship Years acquainted  
 \_\_\_\_\_  
 Address Phone

3. \_\_\_\_\_  
 Name Relationship Years acquainted  
 \_\_\_\_\_  
 Address Phone

**AGREEMENT**

I agree that the answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the County.

\_\_\_\_\_  
Signature of Applicant Date

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Application Reviewed by:

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date



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ROBERT E. KINDERMANN

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CHIEF DEPUTY  
David L. Mahan

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## ***Authorization for Release of Personal Information***

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Christian County Sheriff's Office, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records whatever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest; and any records of a police department or other law enforcement agency.

I understand that any of the information obtained by a personal background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Christian County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the County of Christian, the Christian County Sheriff, their members, employees, agents and assigns from any and all liability which may be incurred as a result of collecting and utilizing such information.

A photocopy of this release from will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this AUTHORIZATION OF RELEASE OF PERSONAL INFORMATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License No. & State