



# McHenry County Sheriff's Office

## Application for Internship

Return to: Special Services Division/Internship Coordinator  
2200 N. Seminary Ave Telephone: (815) 338-2144  
Woodstock, IL 60098 Facsimile: (815)334-4669  
Website: [www.mchenrysheriff.org](http://www.mchenrysheriff.org)  
E-mail: [sheriff@McHenryCountyIL.gov](mailto:sheriff@McHenryCountyIL.gov)

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, civil union status, national origin, ancestry, age, marital status, veteran status, or disability. We provide reasonable accommodation to employees and applicants with a disability to perform essential job functions. We welcome you as an applicant for employment. If the Answer is not applicable, insert "N/A" (Do not leave blank). An incomplete response of any question may result in rejection of entire application.

*Please Print*

\_\_\_\_\_ Semester Applied For \_\_\_\_\_ Date

### Section I General Information

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Street  
City State Zip Code

Mailing Address  
(if different): \_\_\_\_\_  
Street City State Zip Code

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current college attending? \_\_\_\_\_

Current year in college? \_\_\_\_\_

What date would you be available to start? \_\_\_\_\_

Are you available to work different shifts?  Yes  No

Are you over the age of 21?  Yes  No

Are you able to perform the essential duties of the position safely and effectively?  Yes  No  
(With or without a reasonable accommodation)

Do you have any relatives or friends currently employed by McHenry County?  Yes  No

## Section II Background Information

Have you ever been convicted of any crime as an adult (excluding minor traffic violations)?  Yes  No

*Being convicted of a crime does not necessarily disqualify you from any position. Each will be reviewed on a case-by-case basis. Factors such as age, time of the offense, seriousness and nature of the offense, rehabilitation and job relatedness will be considered. Applicant is not obligated to disclose sealed or expunged records of conviction or arrest.*

If yes, please explain:

## Section III Education, Training, Certificates & Licenses

Schools	Name and Location	Graduate Yes/No	Major/Minor Course Work	Type of Degree Received
High School				
College				
University				
Graduate or Professional				
Other educational, vocational school, internships, etc. <i>(if job related)</i>				

List any foreign languages you can speak, read, and/or write:

Speak  Read  Write

Speak  Read  Write

\_\_\_\_\_  Fluent  Good  Fair

\_\_\_\_\_  Fluent  Good  Fair

## Section IV Professional References

List four persons who are not related to you who have knowledge of your business or professional qualifications for the position. Do not repeat names of supervisors listed under employment history.

Name	Occupation	Address	Phone	Years Known
Name	Occupation	Address	Phone	Years Known
Name	Occupation	Address	Phone	Years Known
Name	Occupation	Address	Phone	Years Known

## Section V Employment Experience

- In this section, be sure to describe any education, training, and experience you have which provides the required knowledge, skills and abilities to perform the essential functions of the position for which you are applying.
- If a supplemental application, resume, certification or other information is required, it should accompany this application.
- Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years.
- A resume, while strongly encouraged, is not a substitute for this application unless otherwise noted in the job announcement.

Job Title:	Start Date:	End Date:
Employer:	Phone:	
Employer Address:		
If this is your current employer, may we contact them if you become a finalist for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor:	Number of people you supervised in this position:	
Reason for Leaving:		
Duties and Responsibilities:		

Job Title:	Start Date:	End Date:
Employer:	Phone:	
Employer Address:		
Supervisor:	Number of people you supervised in this position:	
Reason for Leaving:		
Duties and Responsibilities:		

## Section VI      Military Experience

Have you previously served in the military?  Yes  No (If Yes, a copy of form DD-214 must accompany this application)

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

## Section VII      Signature and Release

I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the McHenry County Sheriff's Department has the right to refuse to hire or immediately discharge me, at any time if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

I authorize the McHenry County Sheriff's Department and its agents, including authorized third parties to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the McHenry County Sheriff's Department or its representatives, to release to the McHenry County Sheriff's Department any information they have regarding me without providing written notice to me. I authorize McHenry County Sheriff's Department to use any information in its possession concerning me for any purpose it deems appropriate. This includes disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the McHenry County Sheriff's Department from any liability in connection with such use or disclosure.

I understand that if I am hired by the McHenry County Sheriff's Department, I will be bound by rules, regulations, policies, procedures, and other terms and conditions of employment. I acknowledge that these rules, regulations, policies, procedures and other terms and conditions may change from time to time, with or without notice to me. I also understand that this application is not a contract of employment and that employment may be contingent upon passing a drug test, criminal history/reference check or physiological/physical exam.

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

\_\_\_\_\_  
Date