

EDUCATION BACKGROUND:

HIGH SCHOOL / G.E.D. EDUCATION

Name and location of school

Dates Attended

Diploma
 Yes No

Yes No

JUNIOR COLLEGE, COLLEGE

Name and location of school

Dates Attended

Diploma
 Yes No

Yes No

Yes No

MILITARY

Branch of Service

From/To

Rank at Discharge

MILITARY FORMAL EDUCATION AND TRAINING (Please comment on your duties and honors received)

Name and location of school

Dates Attended

Type of Course

OTHER TYPES/FORMS OF FORMAL EDUCATION THAT ARE RELATED TO THE POSITION THAT YOU ARE APPLYING FOR

Name and location of school

Dates Attended

Type of Course

LIST ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND/OR WRITE

_____ Speak Read Write
 Fluent Good Fair

_____ Speak Read Write
 Fluent Good Fair

_____ Speak Read Write
 Fluent Good Fair

EMPLOYMENT HISTORY:

If we contact your present employer, will your position be endangered? Yes No

Please provide information on your past employment history beginning with the most recent work record. If additional space is needed feel free to use the comments section.

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Employer	Address	Phone #
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Position	Supervisor	Dates Worked
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Reason for Leaving

Your Duties: _____

Salary or Hourly Wage: _____

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Employer	Address	Phone #
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Position	Supervisor	Dates Worked
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Reason for Leaving

Your Duties: _____

Salary or Hourly Wage: _____

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Employer	Address	Phone #
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Position	Supervisor	Dates Worked
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Reason for Leaving

Your Duties: _____

Salary or Hourly Wage: _____

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RELEASE OF INFORMATION:

I, _____, respectfully request and authorize you to furnish any officer of the McHenry County Sheriff's Police and all information that you may have concerning me, my work record, school record, police record and my reputation. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and Photostats of same if requested. This information is to be used to assist the McHenry County Sheriff Police in determining my qualifications and fitness for the position I am seeking.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicant: _____ Dated: _____

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FOR PERSONNEL DEPARTMENT USE ONLY:

Arrange Interview: Yes No

Remarks: _____

Employed: Yes No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____

Division: _____

By: _____ Date: _____
Name and Title

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NOTES:

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, the presence of a non-job-related mental or physical handicap, or unfavorable military discharge, in accordance with the requirements of state or federal law.

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VOLUNTEER EXPERIENCE:

Dates	Organization	Location	Position/Experience
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Have you attended any State of Illinois Mandated Police Training Courses? Yes No

If yes, please complete the following:

Name and Location	Graduate?	Dates	Type of Course
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REFERENCES:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

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COMMENTS:

McHenry County Sheriff's Office
2200 N. Seminary Ave.
Woodstock, IL 60098

APPLICANT DATA SHEET

Please complete the information and return to the above address

TODAY'S DATE: MONTH / DAY / YEAR	APPLYING FOR: <input type="checkbox"/> Merited Deputy Sheriff <input type="checkbox"/> Correctional Officer
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LAST NAME (PRINT)	FIRST NAME	MIDDLE NAME	AGE	MALE	
				FEMALE	

APPLICANT'S CONTACT INFORMATION

MAILING ADDRESS:	NUMBER / STREET NAME / APT #	CITY	STATE	ZIP CODE
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PHONE	AREA CODE	NUMBER	RACE (Optional) Used for Government reports
HOME PHONE			AFRICAN AMERICAN
CELL PHONE			AMERICAN INDIAN
WORK PHONE			ASIAN
SCHOOL PHONE			BI-RACIAL
OTHER			CAUCASIAN
E-MAIL			HISPANIC / LATINO

HOW DID YOU LEARN OF JOB OPENING (MARK ALL THAT APPLY)

JOB FAIR: WIU EIU NIU ISU MCC Lewis Chicago Other _____

- McHenry County Sheriff's WEB PAGE
- McHenry County Sheriff EMPLOYEE
- BLUE LINE
- RELATIVE
- FRIEND
- JOB PLACEMENT OFFICE
- SCHOOL COUNSELOR
- NEWSPAPER
- RADIO
- OTHER

SOUTHEAST ASIAN (Vietnamese, Hmong, Cambodian, Laotian)	
PACIFIC ISLANDER	
OTHER	



**McHENRY COUNTY
SHERIFF'S MERIT COMMISSION**
McHenry County Government Center
2200 North Seminary Avenue
Woodstock, IL 60098

LATERAL TRANSFER GUIDELINES

Lateral transfer applicants must meet the following guidelines to be considered for placement on the eligibility list:

1. Currently employed as a full-time law enforcement officer in a sheriff's department, police department, or other law enforcement agency or terminated or laid off for economic reasons within one (1) year preceding the receipt of application by the McHenry County Merit Commission; and
2. Present proof of having completed training that complies with the Illinois Law Enforcement Training Standards Boards minimum standards for certification as a full-time law enforcement officer the definition of which includes, but is not limited to, the authority to make arrest and carry firearms; and
3. Have completed the required probationary period for the agency at which certification was required.

Applicants must submit:

- Completed Sheriff's Department application
- Lateral Transfer Supplemental application
- State Certification
- Certificate/Diploma from training academy

Copies of (as applicable):

- Valid drivers' license
- Birth certificate
- DD-214
- High school/GED diploma and transcripts
- College diploma and transcripts.

Application materials should be submitted to:

Holly Eddy
McHenry County Merit Commission
2200 North Seminary Avenue
Woodstock, IL 60098
Telephone (815) 334-4219
Fax (815) 334-4648
E-mail haeddy@co.mchenry.il.us

PROMOTIONS RECEIVED AND DATES ATTAINED (attach additional sheets, if necessary: _____)

AWARDS/COMMENDATIONS (attach additional sheets, if necessary): _____

DISCIPLINARY ACTION OR SUSPENSIONS (attach additional sheets, if necessary: _____)

REASON FOR SEEKING TRANSFER: _____

MILITARY SERVICE

HAVE YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES? ____ YES ____ NO

IF YES, IDENTIFY BRANCH: _____

INDUCTION DATE: _____ RELEASE DATE: _____

ARE YOU A MEMBER OF AN ACTIVE RESERVE OR NATIONAL GUARD UNIT? ____ YES ____ NO

IF YES, PROVIDE DETAILS: _____

HAVE YOU EVER RECEIVED A DISHONORABLE DISCHARGE FROM MILITARY SERVICE? ____ YES ____ NO

IF YES, PROVIDE DETAILS: _____

POLICE TRAINING

NAME OF POLICE ACADEMY ATTENDED: _____

TOTAL HOURS OF POLICE TRAINING: _____ DATE GRADUATED: _____

LIST ALL OTHER POLICE TRAINING:

NAME AND LOCATION OF SCHOOL	DATES ATTENDED		TITLE OF COURSE	CLASSROOM HOURS	INSTRUCTOR	ACEDMIC CREDIT HOURS EARNED
	FROM	TO				

Please attach supplemental sheets if necessary for additional information.