

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

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**McHENRY COUNTY SHERIFF'S DEPUTY SUPPLEMENTAL APPLICATION**

NAME: \_\_\_\_\_  
                                First  MI  Last

ADDRESS: \_\_\_\_\_  
                                Number & Street  Apt.  City/State/Zip

PHONE: \_\_\_\_\_  
                                Home  Cell  Work

TOTAL ACTIVE POLICE SERVICE: \_\_\_\_\_years \_\_\_\_\_months

HAS YOUR ACTIVE SERVICE BEEN INTERRUPTED FOR ANY REASON? \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

AGENCY WHERE EMPLOYED WHEN CERTIFIED: \_\_\_\_\_

PROBATIONARY PERIOD REQUIREMENT WITH AGENCY WHERE CERTIFIED: \_\_\_\_\_

LENGTH OF EMPLOYMENT WITH THIS AGENCY: \_\_\_\_\_years \_\_\_\_\_months

**\*\*\* A completed Sheriff's application, a copy of the diploma/certificate from the police training institute attended, and a copy of your State of Illinois certification (if applicable) must be included with this application.\*\*\***

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**CURRENT LAW ENFORCEMENT EXPERIENCE**

CURRENT AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                                Number & Street  Apt.  City/State/Zip

EMPLOYMENT DATES: \_\_\_\_\_ TO \_\_\_\_\_

RANK: \_\_\_\_\_ HOURS WORKED PER WEEK: \_\_\_\_\_

CURRENT ASSIGNMENT: \_\_\_\_\_

PREVIOUS ASSIGNMENTS AND DATES OF SERVICE (attach additional sheets, if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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REASON FOR SEEKING TRANSFER: \_\_\_\_\_

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### 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: \_\_\_\_\_

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

IF YES, PROVIDE DETAILS: \_\_\_\_\_

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## 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.