



BENNIE VICK

SHERIFF OF WILLIAMSON COUNTY



404 N. Van Buren • Marion, Illinois 62959
618-997-6541 * Fax 618-998-2296 * E-Mail: wcsheriff@wcsheriff.com

NOTICE TO APPLICANTS

The Merit Test will be given on Saturday, October 23rd, 2021 for the position of Deputy Sheriff, Correctional Officer and Telecommunicator. You will be contacted after your application is turned in to be given the time of testing. The written and physical test will be administered at the Williamson County Sheriff's Office, 404 North Van Buren St. Marion, Illinois. The 1.5 mile run will be administered at the Marion Junior High School

YOU MUST HAVE A RELEASE FROM YOUR PHYSICIAN IN ORDER TO TAKE PART IN THE PHYSICAL AGILITY EXAM. If you do not bring one, you will not be allowed to take part in the testing. Please dress accordingly. A copy of the state requirements is attached to your application.

Those applying for Telecommunicator and/or Corrections need not participate in the physical agility exam, but will not be eligible for a patrol position. If applying for Patrol Officer you must pass the physical agility unless you have completed the requirements through PTI and the State Of Illinois and have submitted your certificate to the Sheriff.

The Written exam will be given first with the physical agility test immediately following. If your application is not on file you will not be allowed to participate in any of the testing.

Due to the corona virus pandemic social distancing will be adhered to during the test taking. Testing stations will be spaced out. Hand sanitizer and masks will be available if you do not have one. Wearing of a mask during the written test portion will be mandated. Stations will be cleaned and sanitized after each test has been taken.

Please read your application carefully and fill out each section. **Attach a copy of your Drivers License, Birth Certificate, High School Diploma or GED, College Transcript, and Military Discharge Papers (If Applicable).** Background checks will be done prior to the exam. If you fail to pass, you will be notified.

Your application must be returned to our office no later than October 14th, 2021 at 4:00 PM. All applications will be numbered. That number will be assigned to you and be your identification throughout the testing. If you decide not to take the merit exam, Please contact Joy at 618-997-1301 Ext. 1301 and leave your name and application number.



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APPLICATION FOR EMPLOYMENT

1. Applicant must be at least 21 years of age to be hired by the Williamson County Sheriff's Office.
2. Applicant must be a citizen of the United States.
3. It is preferred that the applicant have a two year college degree or have completed 60 hours of college credit. Past experience will be considered.
4. Applicant must possess a valid Illinois Driver License or be able to obtain a valid Illinois Driver License.
5. Applicant must pass a pre-employment polygraph test, if requested.
6. Applicant must meet and other requirement that may be prescribed by the Williamson County Sheriff's Office.
7. Any applicant who submits an application for employment to be place on file for any position shall relinquish right to said application and the same shall become the property of the Williamson County Sheriff's Office.
8. No applicant will be accepted, reserved for filed for any position with the Williamson County Sheriff's Office until such time as a position is specifically advertised as open and available.
9. All Applicants making an application with the Williamson County Sheriff's Office authorize a background and reference check as set out more clearly in the affirmation section of the application.
10. The Williamson County Sheriff's Office is an equal opportunity employer.



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WILLIAMSON COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION

APP#

The Williamson County Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard the race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

NOTICE:

The following additional documents must be attached to this application:

1. A certified copy of birth certificate
2. A certified copy of high school diploma or G.E.D.
3. A copy of military discharge(s).

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

POSITION APPLYING FOR:

Deputy Sheriff

Correctional Officer

Telecommunicator

PERSONAL HISTORY

1. Full Name:

Last Name First Middle Abbv.

2. Other: List all other names you have used including circumstances and time periods you used them. (for example: Maiden name, former name(s), alias(es), or nicknames(s).

Name	Circumstance	Date From Mo./Yr.	Date to Mo./Yr.

3. Address:

Number: Street: City: State: Zip:

4. Telephone:

Home: () _____ Cell: () _____ Work: () _____

5. Identifiers:

Date of Birth: _____ Soc Sec# _____

State Driver License# _____

BACKGROUND INFORMATION

1. Have you ever applied with us before? Yes No

If yes, when? _____

2. Proof of your identity and employment eligibility in the United States must be established to work for the Williamson County Sheriff's Office. If hired, can you provide proof of your identity and employment eligibility? Yes No

3. Are you willing to work an irregular schedule, overtime, on different shifts, and on weekends when necessary? Yes No

4. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation. Yes No

5. To your knowledge, has any member of your immediate family and/or someone living in your household ever been arrested for anything other than traffic violations? Yes No

If yes to question #4, or #5, list all such matters below even if not formally charged

Date	Place & Department	Charge	Court & Place	Disposition

Relatives Name	Place & Department	Charge	Court & Place	Disposition

6. Provide details for each response to question #4, or #5.

7. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No

If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

8. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No

9. Have you ever been fingerprinted for any reason (arrest, job application military, etc)?
 Yes No

If yes, to question #8 or #9, please provide details.

FAMILY HISTORY

FATHER:

Last Name	First	Middle	Abbv.
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Number:	Street:	City:	State:
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Telephone Number:

Occupation:

MOTHER:

Last Name	First	Middle	Abbv.
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Number:	Street:	City:	State:
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Telephone Number:

Occupation:

SPOUSE:

Last Name	First	Middle	Abbv.
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Number:	Street:	City:	State:
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Telephone Number:

Occupation:

CHILDREN: (List address if different)

Last Name	First	Middle	Date of Birth.
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Number:	Street:	City:	State:
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Last Name	First	Middle	Date of Birth.
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Number:	Street:	City:	State:
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Last Name	First	Middle	Date of Birth.
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Number:	Street:	City:	State:
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Last Name	First	Middle	Date of Birth.
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Number:	Street:	City:	State:
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SIBLINGS:

Last Name	First	Middle	Date of Birth.
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Number:	Street:	City:	State:
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Last Name	First	Middle	Date of Birth.
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Number:	Street:	City:	State:
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Last Name	First	Middle	Date of Birth.
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Number:	Street:	City:	State:
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RESIDENCES

1. Actual places of residence for the past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residence, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo./Yr.		Apt. No	Street Address	City	County	State

EDUCATION/TRAINING

1. High School:

High School Name/ address	Date From Mo./Yr.	Date To Mo./Yr.	Did you Graduate?	Type of Diploma

2. College/University

College/University Name/ address	Date From Mo./Yr.	Date To Mo./Yr.	Did you Graduate?	Type of Diploma

Attach diploma and/or official transcript from last institution of higher education attended.

Major: _____ Minor: _____

3. Other schools (trade, vocational, business or military)

Name/ address	Date From Mo./Yr.	Date To Mo./Yr.	Did you Graduate?	Type of Diploma

4. Describe any awards, honors, citation, positions held in school organization, and any other special recognition you received while attending school:

5. Indicate any foreign languages you can:

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

6. Indicate any law enforcement education/training:

7. Did you receive a certification for this training? Yes No

8. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation? Yes No If yes, explain.

9. Describe any special abilities, interests, and hobbies including the degree of proficiency:

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period of time list the unemployed dates.

Employer Name:: _____ (_____) _____
Employer Phone:

Number: _____ Street: _____ City: _____ State: _____

Position: _____ Supervisor: _____

Dates of Employment: (mm/dd/yyyy)
From: _____ To: _____

Part Time: Full Time:

Reason for Leaving: _____

Employer Name:: _____ (_____) _____
Employer Phone:

Number: _____ Street: _____ City: _____ State: _____

Position: _____ Supervisor: _____

Dates of Employment: (mm/dd/yyyy)
From: _____ To: _____

Part Time: Full Time:

Reason for Leaving: _____

Employer Name: _____ (_____) _____
Employer Phone:

Number: _____ Street: _____ City: _____ State: _____

Position: _____ Supervisor: _____

Dates of Employment: (mm/dd/yyyy) From: _____ To _____	Part Time: <input type="checkbox"/> Full Time: <input type="checkbox"/>
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Reason for Leaving: _____

Employer Name: _____ (_____) _____
Employer Phone:

Number: _____ Street: _____ City: _____ State: _____

Position: _____ Supervisor: _____

Dates of Employment: (mm/dd/yyyy) From: _____ To _____	Part Time: <input type="checkbox"/> Full Time: <input type="checkbox"/>
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Reason for Leaving: _____

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No

If yes to question #2 or #3, please provide details:

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No

If yes, please provide name of agency and date of application or service.

5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No

If yes, please provide name and address of business, corporation, or organization and describe your relationship or position.

PERSONAL REFERENCES

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities such as property owners, business or professional men or women, who have know you well for the past five (5) years. If retired, give former occupation.

Last Name, First, Middle: (_____) Telephone Number:

Number: Street: City: State:

Years Acquainted: Occupation:

Last Name, First, Middle: (_____) Telephone Number:

Number: Street: City: State:

Years Acquainted: Occupation:

Last Name, First, Middle: (_____) Telephone Number:

Number: Street: City: State:

Years Acquainted: Occupation:

APPLICANT'S CERTIFICATION

I certify that all facts contained in the application are true and complete and acknowledge that WILLIAMSON COUNTY GOVERNMENT is relying on the accuracy of the information provided. I authorize WILLIAMSON COUNTY GOVERNMENT to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to WILLIAMSON COUNTY GOVERNMENT. I also authorize WILLIAMSON COUNTY GOVERNMENT to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, the will of either myself or WILLIAMSON COUNTY GOVERNMENT. I also understand and agree that no one has the authority to promise me job security or continued employment.

Signature of Applicant:

Date:



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WILLIAMSON COUNTY SHERIFF'S OFFICE
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
(Name) *(Date of Birth)*

authorize representatives of the Williamson County Sheriff's Office to obtain pertinent information from my current and previous employers, references and other persons with knowledge of my work history and background, including but not limited to, education, military service, welfare and unemployment history, and medical/psychological history. I authorize my previous and current employers, references, and persons with knowledge of my work history and background to provide pertinent information to the Williamson County Sheriff's Office and hereby release all such persons and waive any and all claims, demands, or cause of action whatsoever, in connection with the request for and release of such information.

I further authorize representatives of the Williamson County Sheriff's Office to obtain a consumer credit report, as part of the application process and background investigation for a position with the Williamson County Sheriff's Office.

Note: A copy of this authorization/release form shall be considered as valid as the original.

Signature of Applicant

Date



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WAIVER OF LIABILITY

I, _____, wish to participate in the Williamson County Sheriff's Office Physical Agility test. I am in adequate physical condition, and have provided a release from my doctor, need to participate in every phase of the physical agility test. I release the Williamson County Sheriff's Office, County of Williamson, Williamson County Sheriff, Williamson County Sheriff's Merit Board, and all others from any and all liability for injuries or illnesses which may occur during, or as a result of, my participation in the physical agility test.

Signature of Applicant

Date



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WILLIAMSON COUNTY SHERIFF'S OFFICE
CERTIFICATION OF PHYSICAL FITNESS

I, _____ M.D., Certify that I have
 (Doctor Name)

examined _____ and found them to be physically capable of
 (Applicant Name)

Participating in the physical agility test consisting of various strenuous exercise (1.5 Mile Run, Sit & Reach, Bench Press, Sit-Ups, Etc) to be given by the Williamson County Merit Commission.

 Doctor Signature:

 Date:

 Physician Address: