

# LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

Employing Agency: \_\_\_\_\_ DATE: \_\_\_\_\_

## A. 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.

## B. POSITION APPLYING FOR

Job Title: \_\_\_\_\_

Are you applying for:

☐ F/T ☐ P/T ☐ Temp/Seasonal

☐ Reserve/Volunteer

What shifts will you work?

☐ Days ☐ Nights ☐ Any

NOTICE: During the Background Check, we will  
be contacting your present employer.

Available Start Date: \_\_\_\_\_

## C. PERSONAL HISTORY

1. Full Name:

First

Middle

Last

2. Applicant's Current Address:

Address

City

County

State

Zip

( )

Telephone Number

( )

Message Number

Email: \_\_\_\_\_

Web Page: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ (Print Legibly)

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 nickname(s).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

4. Are you a United States Citizen? ☐ Yes ☐ No

If naturalized, please provide: \_\_\_\_\_  
Place

\_\_\_\_\_ Court Naturalization No.

5. Do you have or have you ever applied for a passport? ☐ Yes Passport # \_\_\_\_\_ ☐ No

6. Can you perform the essential functions of this job with or without reasonable accommodation? ☐ Yes ☐ No

#### D. EDUCATION/TRAINING

High School or GED Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major \_\_\_\_\_ Minor \_\_\_\_\_



Applicant Name: \_\_\_\_\_ (Print Legibly)

Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about:

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

2. Have you ever been suspended or expelled from school? ☐ Yes ☐ No

If yes, please explain.

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

3. List any foreign languages you can speak:

\_\_\_\_\_

List any foreign languages you can read:

\_\_\_\_\_

List any foreign languages you can write:

\_\_\_\_\_

4. Indicate any law enforcement education/training (attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

Applicant Name: \_\_\_\_\_ (Print Legibly)

5. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by POST or any other state's law enforcement certification agency? ☐ Yes ☐ No

If yes, explain.

\_\_\_\_\_  
Date(s)

\_\_\_\_\_  
Date(s)

\_\_\_\_\_  
Date(s)

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

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

7. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

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

8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

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

9. Have you had any training/education with K-9's? ☐ Yes ☐ No

If yes, provide details:

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

### E. TECHNOLOGY SKILLS

Check All Skills & Software Applications You Have Experience Using (any version):

☐ PC User ☐ Macintosh User ☐ Windows ☐ Microsoft Word ☐ Microsoft Access ☐ Microsoft Excel

☐ Microsoft Publisher ☐ Web Page Design/Maintenance ☐ E-Mail ☐ Internet ☐ Scanner ☐ Copier ☐ Fax

☐ Other: Please list \_\_\_\_\_

Professional Licenses or Certificates Held: \_\_\_\_\_



Applicant Name: \_\_\_\_\_ (Print Legibly)

### F. EMPLOYMENT HISTORY

(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, set forth dates of unemployment):

Employer:

Address:

Street

City

State

Zip

Telephone: (    )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: (    )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: (    )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Applicant Name: \_\_\_\_\_ (Print Legibly)

### F. EMPLOYMENT HISTORY

(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, set forth dates of unemployment):

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:



Applicant Name: \_\_\_\_\_ (Print Legibly)

### F. EMPLOYMENT HISTORY

(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, set forth dates of unemployment):

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Applicant Name: \_\_\_\_\_ (Print Legibly)

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or volunteer position you have held?

☐ Yes ☐ No

If YES, please give details, including dates, employer's name, and specifics:

---

---

---

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

☐ Yes ☐ No

If YES, please give details, including dates, employer's name, and specifics:

---

---

---

3. 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.

---

---

4. Do you or have you owned a business, or are you or were 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, and nature of business.

---

---

---



Applicant Name: \_\_\_\_\_ (Print Legibly)

**G. APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE**

1. Identify **ALL** complaints (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

2. Identify **ALL** complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant	Approximate Date	Disposition

3. Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Plaintiff(s)	Approximate Date	Court Where Filed

Applicant Name: \_\_\_\_\_ (Print Legibly)

4. Identify **ALL** disciplinary action (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

5. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

#### H. DRIVING HISTORY

1. Are you a licensed Idaho automobile operator? ☐ Yes ☐ No License No.: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. Do you hold or have you ever held an operator license in another state? ☐ Yes ☐ No

If yes, please provide state(s), name used and approximate dates license(s) was/were held.

---

---

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

☐ Yes ☐ No

If yes, please provide complete details including why license was revoked.

---

---

---



Applicant Name: \_\_\_\_\_ (Print Legibly)

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance?

☐ Yes ☐ No

If yes, please provide complete details.

---

---

---

### I. MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? ☐ Yes ☐ No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Serial #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

2. Date and type of discharge: \_\_\_\_\_

3. Are you now or have you ever been a member of a reserve unit or the National Guard? ☐ Yes ☐ No

4. If yes state the branch of service, name and location of your unit:

---

---

---

5. Was any type of disciplinary action taken against you in the service? ☐ Yes ☐ No

If yes, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

6. Have you ever served in the Armed Forces of a foreign country? ☐ Yes ☐ No

If yes, please specify countries and dates.

---

---

---

Applicant Name: \_\_\_\_\_ (Print Legibly)

**J. PERSONAL & PROFESSIONAL REFERENCES**

1. PERSONAL REFERENCES: PLEASE LIST THE NAMES OF THREE (3) persons not related to you by blood or marriage:

Complete Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known \_\_\_\_\_

Occupation: \_\_\_\_\_

Complete Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known \_\_\_\_\_

Occupation: \_\_\_\_\_

Complete Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known \_\_\_\_\_

Occupation: \_\_\_\_\_



2. PROFESSIONAL REFERENCES: LIST NAMES OF THREE (3) PROFESSIONAL REFEREENCES WHO KNOW YOU WELL AFOR AT LEAST **FIVE** YEARS WHO ARE NOT RELATED TO YOU BY BLOOD OR MARRIAGE:

Complete Name: \_\_\_\_\_

BUSINESS Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known \_\_\_\_\_

Occupation: \_\_\_\_\_

Complete Name: \_\_\_\_\_

BUSINESS Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known \_\_\_\_\_

Occupation: \_\_\_\_\_

Complete Name: \_\_\_\_\_

BUSINESS Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known \_\_\_\_\_

Occupation: \_\_\_\_\_

#### **K. DOCUMENTS NEED TO TAKE WRITTEN TEST**

1. CERTIFIED COPY OF BIRTH CERTIFICATE
2. CERTIFIED COPY OF HIGH SCHOOL DIPLOMA OR GED, COLLEGE DIPLOMA OR TRANSCRIPTS
3. COPY OF MILITARY DISCHARGE

#### **L. OTHER REQUIEREMENTS**

WHEN REQUESTED BY THE PERRY COUNTY SHERIFF'S OFFICE, APPLICANT WILL BE FINGERPRINTED (IF THEY HAVE NOT BEEN IN THE PAST), SHALL BE REQUIRED TO SUBMIT TO A DRUG TEST, AND COMPLETE A PHYSICAL EXAMINATION, AS WELL AS BE REQUIRED TO COMPLETE THE BACKGROUND INFORMATION FORM. PHYSICAL EXAMINATION FORM MUST BE FILLED OUT PRIOR TO TAKING THE PHYSICAL FITNESS TEST.

**M. SIGNATURE & CERTIFICATION OF ACCURACY & NOTARY SEAL**

I, \_\_\_\_\_, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by the Perry County Sheriff's Office, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration from employment with the Perry County Sheriff's Office, and if employed, my termination from employment.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature in Full

\_\_\_\_\_  
Printed Name in Full

**NOTARY**

STATE OF ILLINOIS

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public in and for said State, personally appeared \_\_\_\_\_ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and the year in this Statement first above written.

Notary Public in and for the State of \_\_\_\_\_

Residing in \_\_\_\_\_

(Official Seal)

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_\_



## Background Check Authorization

Print Name:

\_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used:

\_\_\_\_\_

Current Address Since:

\_\_\_\_\_  
(Mo/Yr.) (Street) (City) (Zip/State)

Previous Address From:

\_\_\_\_\_  
(Mo/Yr.) (Street) (City) (Zip/State)

Previous Address From:

\_\_\_\_\_  
(Mo/Yr.) (Street) (City) (Zip/State)

Social Security Number:

Last  
Four

DOB:

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Driver's License Number/State:

\_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize the **Perry County Sheriff's Office** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Perry County Sheriff's Office** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Perry County Sheriff's Office** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_