



# Morgan County Sheriff's Office

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## **LATERAL TRANSFER**

## **APPLICATION FOR DEPUTY SHERIFF**

**To: Applicant**

**From: The Morgan County Sheriff's Office Merit Commission**

**It is the desires of the Morgan County Sheriff's Office Merit Commission to assist the Sheriff in employing those persons who are qualified to be employed in a position of trust and responsibility as an employee of the Sheriff's Office.**

### **APPLICANT DUTIES:**

**The Job:**

- 1. Prisoner Security**
- 2. Court Room Security**
- 3. Enforcement of Local, State and Federal statutes for the protection and freedom of the Public.**
- 4. Respond to calls for Service**

### **Working Conditions:**

- 1. Various duties that law enforcement may require on duty and available at all times for call.**

### **Applicant Requirements:**

**Applicant must be not less than 21 years of age at the time his application is received. Applicant must hold a Full-time ILETSB certification and have worked (1) one continuous year in Law Enforcement within the last (3) three years. Applicant must be a Citizen of the United States; possess no criminal record; must have vision in each eye that meets the requirements of the Merit Commission Board; be a high school graduate or hold an equivalency certificate issued by the County Superintendent of Schools or diploma based on G.E.D. Certificate; be in good physical condition; and be of good moral character, and reside within 30 miles of the Morgan County Sheriff's Office by the completion of the one-year probationary period.**

**Submit application by 4:30 PM Monday, April 4th, 2022 to the Morgan County Sheriff's Office at 300 W. Court Street, Jacksonville, IL.**

Each applicant will be investigated along the following lines:

- C. Credit check
- H. Habits and Honesty
- A. Ability to perform given tasks and appearance
- R. Reliability and Responsibly attitudes
- A. Associates, Friends, etc. Neighborhood check
- C. Courts and Civil Actions
- T. Traits and Trust Worthiness
- E. Education and Employment
- R. Reasoning and Sobriety
- S. Good moral character

Veterans will be given preference.

### AUTHORIZATION

I, \_\_\_\_\_ authorize

(name of applicant) (please print)

and empower the Morgan County Sheriff's Office Merit Commission for Sheriff's Deputies, any consumer reporting agency, or other outside service company engaged by said Board for this purpose, now or subsequently, to obtain, prepare, use & furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

In addition I submit to being fingerprinted, photographed, or subjected to a polygraph examination by a licensed examiner should the board request it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **INSTRUCTIONS**

### **READ THESE INSTRUCTIONS CAREFULLY**

### **BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

- \* **Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.**
  
- \* **If a question is not applicable to you, enter N/A in the space provided.**
  
- \* **Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.**
  
- \* **You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.**
  
- \* **If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.**
  
- \* **An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications shall result in disqualification from further consideration employment and / or termination of employment if one is subsequently employed.**



B. **RESIDENCES** - List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year, attach extra page if necessary.

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. **WORK HISTORY** - Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

2. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

3. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

4. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

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ADDRESS

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PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

5. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

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ADDRESS

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PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_



6. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

**D. MILITARY RECORD**

1. Have you served in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Date of Service: From \_\_\_\_\_ To \_\_\_\_\_  
Branch of Service \_\_\_\_\_  
Unit Designation \_\_\_\_\_  
Military Service Number \_\_\_\_\_  
Highest Rank Field \_\_\_\_\_  
Type of Discharge \_\_\_\_\_

3. Were you ever disciplined while in the Military Service (Include Court-Martial, Captain's Masts, Company Punishment, Etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

CHARGE      AGENCY      DATE      AGE      DISPOSITION

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

If you received a Discharge other than Honorable, give complete details.

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

**E. EDUCATIONAL HISTORY**

1. High School Attended      City/State      Dates/From - To      Graduated/Yes or No

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2. (a) College or University attended \_\_\_\_\_

City & State \_\_\_\_\_ Date attended \_\_\_\_\_

Units completed \_\_\_\_\_ Major/Minor \_\_\_\_\_

Degree received, if any & date \_\_\_\_\_

(b) College or University attended \_\_\_\_\_

City & State \_\_\_\_\_ Dated attended \_\_\_\_\_

Units completed \_\_\_\_\_ Major/Minor \_\_\_\_\_

Degree received, if any & date \_\_\_\_\_

(c) College or University attended \_\_\_\_\_

City & State \_\_\_\_\_ Date attended \_\_\_\_\_

Units completed \_\_\_\_\_ Major/Minor \_\_\_\_\_

Degree received, if any & date \_\_\_\_\_

3. List other schools attended (Trade, Vocational, Business, etc.) . Give name and address of school, dates attended, course of study, certificate, and any other pertinent information.

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**F. SPECIAL QUALIFICATIONS & SKILLS**

1. List any special licenses you hold (such as Pilot, Radio Operator, Scuba, etc.). Showing licensing authority, original date of issue, and date of expiration.

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2. List any specialized machinery or equipment which you can operate.

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3. If you are fluent in foreign language, indicate in each area your degree of fluency (excellent, good, fair).

LANGUAGE      READING      SPEAKING      UNDERSTANDING      WRITING

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4. List any other special skills or qualifications you may possess.

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**CONVICTIONS, ARRESTS, DETENTIONS AND LITIGATION**

1. Have you ever been convicted, arrested, prosecuted, or placed on court probation or supervision or ruled to be a delinquent minor? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, complete the following (List Juvenile as well as Adult occurrences).

CRIME CHARGED      POLICE AGENCY      DATE      DISPOSITION OF CASE  
CITY & STATE

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2. Have you ever been involved as a party in civil litigation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give details \_\_\_\_\_

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H. **TRAFFIC RECORD**

1. Has your driver's license ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date, location and reasons \_\_\_\_\_

2. With what company do you carry auto insurance? \_\_\_\_\_

3. List to the best of your memory all driving citations you have received as an adult or juvenile, excluding parking tickets.

**MONTH & YEAR**

**CHARGE**

**CITY&STATE**

**DISPOSITION**

4. Describe in a brief narrative any traffic accidents in which you have been involved in, giving approximate dates and locations.

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**MARITAL & FAMILY HISTORY**

1. Present marital status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated

\_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

2. If married:

Date \_\_\_\_\_

City & State \_\_\_\_\_

Spouse's Name (Wife's Maiden Name) \_\_\_\_\_

3. If ever separated, divorced or widowed:

Date of Marriage \_\_\_\_\_

City & State \_\_\_\_\_

Spouse's Name (Wife's Maiden Name) \_\_\_\_\_

Present Address & Phone \_\_\_\_\_

Separated, Divorced, or Annulled (State) \_\_\_\_\_

Date of order of decree \_\_\_\_\_

Court & State where issued \_\_\_\_\_

4. List all children related to you or your spouse (Natural, Step-children, Adopted & Foster Children).

<u>NAME</u>	<u>RELATION</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supported by whom?

\_\_\_\_\_

5. List all other dependents.

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List other relatives in the following order: Father, Mother (Include Maiden Name), Brothers & Sisters. If deceased, so indicate.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE#</u>	<u>RELATION</u>	<u>AGE</u>
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J. **REFERENCES OR ACQUAINTANCES** - List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

(1) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

(3) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

(4) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

(5) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

L. **MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)**  
**SOCIAL, FRATERNAL, PROFESSIONAL, ETC.**

<b><u>NAME &amp; ADDRESS</u></b>	<b><u>FROM</u></b>	<b><u>TO</u></b>
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_____		
_____		
_____		
_____		

M. **PERSONAL DECLARATIONS**

1. Describe in your own words the frequency and extent of your use of intoxicating liquors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever used marijuana or any other drug not prescribed by your physician?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what were the circumstances? \_\_\_\_\_

\_\_\_\_\_





## MEDICAL HISTORY (Optional)

To the Morgan County Sheriff's Office Merit Commission:

Name \_\_\_\_\_ Address \_\_\_\_\_

1. When were you last sick? \_\_\_\_\_ Month \_\_\_\_\_ Year

Name of Doctor \_\_\_\_\_ Nature of Sickness \_\_\_\_\_

Doctor's diagnosis, \_\_\_\_\_

How much time have you lost from school or work in the past year on account of poor health?

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2. (a) Have you ever had or been a patient in or visited a hospital, clinic, dispensary, or sanatorium for observation, examination or treatment? \_\_\_\_\_

(b) Have you ever had or been advised to have a surgical operation? \_\_\_\_\_

(c) Do you have periodic physical examinations or check-ups? \_\_\_\_\_

(d) Have you ever had an electro-cardiogram or X-ray examination or any laboratory examinations or tests? \_\_\_\_\_

(e) Have you consulted any physician, healer or other practitioner within the past 5 years for any reason not mentioned above? \_\_\_\_\_

(f) Were you ever rejected for military service after a physical examination or medically discharged from the Armed Forces? \_\_\_\_\_

3. Have you ever had or been treated for or sought advice concerning any ailment or disease of:

(a) The heart or lungs? \_\_\_\_\_

(b) The brain or nervous system? \_\_\_\_\_

(c) The stomach, intestines, gall bladder or liver? \_\_\_\_\_

(d) The prostate, bladder, pelvic organs or kidney, including stones? \_\_\_\_\_

(e) The bones, glands, eyes or ears? \_\_\_\_\_

4. Have you ever had or been treated for or sought advice concerning:

(a) Tuberculosis, pleurisy, asthma, anemia or any disease of the blood or blood vessels? \_\_\_\_\_

(b) Nervousness, epilepsy, convulsions, or any form of paralysis, insanity or syphilis? \_\_\_\_\_

(c) Diabetes, nephritis or sugar or albumin in your urine? \_\_\_\_\_

(d) Cancer, tumor, ulcers, rheumatism, gout, arthritis or varicose veins? \_\_\_\_\_

(e) High blood pressure? (If yes, how high was the blood pressure?) \_\_\_\_\_

(f) Any injury or occupational disease? \_\_\_\_\_

5. I agree to provide the Morgan County Sheriff's Office Merit Commission with a Medical Examiner's Report as prescribed by the Morgan County Sheriff's Office Merit Commission.

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