



Morgan County Sheriff's Office

NURSE APPLICATION

APPLICATION FOR MORGAN COUNTY NURSE

Job Duties (To include but not limited to):

- 1. Medication administration**
- 2. Assessment/Screening of Inmates**
- 3. Coordinate/Communicate with other Health Providers**
- 4. Maintain medical records**
- 5. Coordination of inmate care**

Applicant Requirements:

- 1. High School diploma or equivalent.**
- 2. College diploma (Associate or Bachelor).**
- 3. Illinois Registered Nurse License.**

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 Responsible 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, any consumer reporting agency or other outside service 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 it be requested.

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.**

Background Investigations

PERSONAL HISTORY STATEMENT

A. **APPLICANT IDENTIFICATION** - Information provided in this section is used for identification purposes only.

1. NAME _____
 LAST FIRST MIDDLE

2. ADDRESS _____
 NUMBER STREET

 CITY STATE ZIP CODE

3. TELEPHONE NUMBER _____

4. DATE OF BIRTH _____MONTH _____DAY _____YEAR

5. NICKNAME(S), MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN

6. SOCIAL SECURITY NUMBER _____

7. PLACE OF BIRTH _____

 CITY COUNTY STATE

8. ARE YOU A U.S. CITIZEN? _____YES _____NO

9. DRIVER'S LICENSE# _____ EXPIRATION DATE _____
STATE OF ISSUE _____

10. HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

11. SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS:

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 _____

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 _____

ADDRESS

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____

NAME OF CO-WORKER _____

REASON FOR LEAVING _____

5. FROM _____ TO _____ EMPLOYER _____

ADDRESS

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

<u>CHARGE</u>	<u>AGENCY</u>	<u>DATE</u>	<u>AGE</u>	<u>DISPOSITION</u>
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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

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.

F. SPECIAL QUALIFICATIONS & SKILLS

1. List any special licenses you hold,. Showing licensing authority, original date of issue, and date of expiration. (Attach)

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

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

LANGUAGE READING SPEAKING UNDERSTANDING WRITING

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

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

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

If yes, give details _____

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.

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>

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.

<u>NAME & ADDRESS</u>	<u>FROM</u>	<u>TO</u>

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? _____

3. Have you ever sold or furnished illegal substances to anyone?

_____ **Yes**

_____ **No**

If yes, explain in detail: _____

4. Do you have any other beliefs or prejudices which would prevent you from fully performing the duties as ea registered nurse? _____ Yes _____ No

If yes, explain _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, missions, or falsifications will be grounds for immediate rejection or termination of employment.

Signature of Applicant

