



Morgan County Sheriff's Office

Morgan County Sheriff's Merit Commission

Richard Heise/Chairman

Scott Jackson/Vice Chairman

Tod Dillard/Secretary

Merit Deputy Application

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, February 19th, 2024 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.

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.

FROM

TO

ADDRESS

- 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 (such as Pilot, Radio Operator, Scuba, etc.). Showing licensing authority, original date of issue, and date of expiration.

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
CITY & STATE

DATE

DISPOSITION OF CASE

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>
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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.

<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. If it became necessary to take a human life in the course of your duties as a Law Enforcement Officer, would any religious or other beliefs prevent you from doing so?

_____ **Yes** _____ **No**

If yes, explain _____

5. Do you have any other beliefs or prejudices which would prevent you from fully performing the duties of a Law Enforcement Officer? _____ **Yes** _____ **No**

If yes, explain _____

6. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a Law Enforcement Officer?

_____ **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

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?

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

Sheriff of Morgan County, Illinois
and the Morgan County Sheriff's Office Merit Commission

PHYSICAL AGILITY TEST WAIVER

In consideration of the Sheriff of Morgan County, Illinois and the Morgan County Sheriff's Office Merit Commission arranging for the administration of a physical agility test and the same being administered by School District No. 117 at Jacksonville High School, the undersigned knowingly, freely and voluntarily releases, remises and discharges School District No. 117, its officers, agents representatives and employees; Jacksonville High School, its offices, agents representatives and employees; Morgan County Sheriff's Office Merit Commission, its members, officers and agents; and the Sheriff of Morgan County, its officers, agents, employees and representatives, from any and all liability, claims, causes of action and damages for any personal injury, losses or damages to the undersigned caused by, or arising out of, the administrations or taking of said physical agility test.

SIGNATURE

DATE

MORGAN COUNTY SHERIFF'S OFFICE MERIT COMMISSION

Richard Heise ,Chairman Scott Jackson , Vice Chairman, Tod Dillard, Secretary

**300 West Court Street
Jacksonville, IL 62650**

**217-245-4144
217-243-6998 Fax**

Certification of Physical Fitness

Commissioners:

The undersigned does hereby certify that he has examined

**found that he/she is physically capable of participating in the Physical
Aptitude Test consisting of various strenuous exercises, of which the
minimum standards are required.**

Physician's Name

Physician Signature

(Print Name)

Address

Phone Number