

SHERIFF'S MERIT COMMISSION

KANE COUNTY GOVERNMENT BUILDING

Building A Room 103

Peter J. Burgert, Chairman
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Geneva, IL. 60134
Phone: 6302323558
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DEPUTY PEACE OFFICER 2023

THE FOLLOWING ITEMS MUST BE RETURNED WITH YOUR APPLICATION

1. Copy of valid Driver's License
2. Copy of your Birth Certificate (this must be a copy it is not returnable)
3. Copy of your High School diploma, G.E.D., or transcripts
4. Two (2) passport-size photos
5. Must possess State of IL Police Officer Wellness Evaluation (P.O.W.E.R... CARD) prior to the appointment to the Sheriff's Office
6. If Honorable Discharged, include a copy of your DD-214
7. Educational points, if applicable, include a copy of a college diploma

- Be 21 at the time of appointment (no upper age limit restrictions)
- Be a citizen of the United States for one year
- No felony convictions
- Eyesight correctable to 20/20, vision free from color blindness
- Be a resident of Illinois living within 75 miles of the Kane County seat, Geneva
- Pass polygraph exam, psychological testing, and background check
- Possess a Valid Driver's License
- Must pass the written test with 70% or better

In addition, a physical exam will be required before being hired

Application Deadline March 8, 2023

Please Note: If you have previously failed the background check from Kane County psychological exam or polygraph exam within the past (1) year, your application will not be accepted.

**DEPUTY
INFORMATION FOR TEST**

ORIENTATION & WRITTEN

Waubonsee Community College
Academic Professional Center, Room 110
4s. 783 IL. Rte. 47
Sugar Grove, IL. 60554

TEST DATE AND TIME

March 15, 2023 5:30 pm

Short orientation followed by written test

A grade of 70 is necessary to pass. You will receive your grade upon completion of the test. If you pass the written exam, you will be given a time and date for your oral interview.

Oral interviews will begin March 16, 6:00 PM

Driver's license must be presented at test

No one will enter the building after 5:30

ORAL INTERVIEWS WILL TAKE PLACE AT

Kane County Government Center
719 Batavia Av.
Geneva, IL. 60134

DOORS CLOSE PROMPTLY AT 5:30 ANY APPLICANT NOT PRESENT WILL BE ELIMINATED

INSTRUCTIONS

THIS APPLICATION MUST BE CLEARLY PRINTED IN BLACK INK OR TYPE WRITTEN

This sheet has been prepared to assist you in completing the application for the Kane County Sheriff's Office. Any questions that do not pertain to you, please answer with the letters N/A, meaning "Not applicable".

If additional space is needed for any section or questions on the application, or if you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the questions.

PURPOSE AND USE

The principal purpose of the employment application forms is to collect information needed to determine the qualifications, suitability, and availability of applicants for the Kane County Sheriff's Office employment. All or part of your completed Kane County Sheriff's application form may be disclosed outside the Kane County Sheriff's Office to:

1. Appropriate Federal, State, or local law enforcement agencies charges with the responsibility of investigating a violation alternatively, potential violation of the law.
2. Appropriate Federal, State or Local agency maintaining records on you to obtain information relevant to a Kane County Sheriff's Office decision about you.
3. A requesting Federal, State, or local agency to the extent the information is relevant to the requesting agency's decision.

EFFECTS OF NON-DICLOSURE

It is in your best interest to answer all questions asked on the application. Omission of an item means you might not receive full consideration for a position in which this information is needed. A false answer to a question on the employment application may be grounds for not employing you, or for dismissing you after you begin work. All information you give will be considered in reviewing your statement.

THE KANE COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

DETACH THIS INFORMATION SHEET PRIOR TO SUBMITTING APPLICATION

IDENTIFICATION

DEPUTY PEACE OFFICER APPLICATION

DATE _____

Candidate's Name: _____
Last First Middle

Address _____ Apt. _____

City County State Zip

() ()
Prefix Phone Number Prefix Work Phone Number

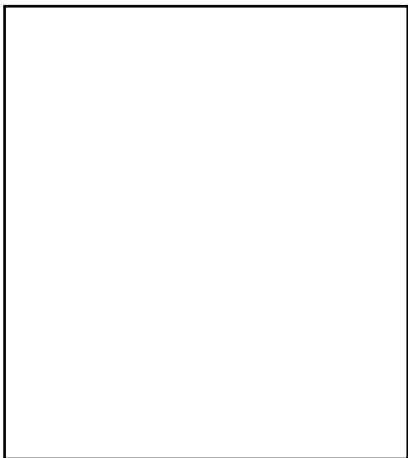
E-mail _____

Driver's License No. _____ State Issued _____

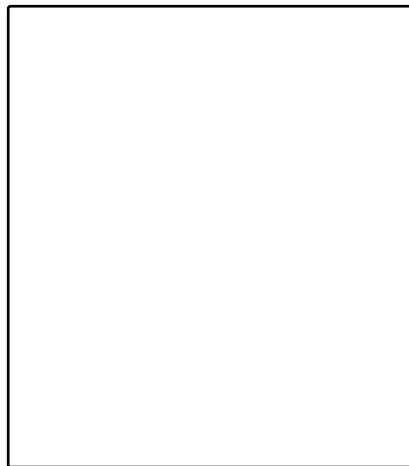
Place of Birth _____ Birthdate _____
City County State

Photograph of yourself, passport size, and full face; print your name on the back of the photo.
The photo must have been taken not more than 3 months prior to the date of application and a 2"x2" size
no larger or smaller photos accepted.

ATTACH PHOTO HERE



ATTACH PHOTO HERE



PERSONAL HISTORY

Name (Last, First, Middle) _____

List all other names you have used including nicknames. _____

Have you ever legally changed your name? Yes No

Have you ever filed an application with the Kane County Sheriff's Office? Yes No

What position? _____ Date _____

Have you ever applied for employment with other law enforcement agencies? Yes No

What agencies and what position? _____

With what results? _____

Indicate any law enforcement education/training _____

Do you speak, read or write any foreign languages? Yes No

If yes, describe _____

Are you a United State's Citizen? Yes No

By Birth By Naturalization By Derivative

If by naturalization, give naturalization number, date, place, and court of decree.

If by derivative, explain through whom your citizenship was obtained.

COURT DATA

- | | | |
|---|-----|----|
| 1. Have you ever been charged with any traffic violations? | Yes | No |
| 2. Has your Driver's License ever been revoked or suspended? | Yes | No |
| 3. Have you ever been arrested or charged with any criminal violations? | Yes | No |

If you have answered yes, please explain.

PLACE AND DEPARTMENT	DATE	CHARGE	COURT & PLEA	DISPOSITION

CONTROLLED SUBSTANCES

Do you use or have used illegal drugs or controlled substances such as marijuana, uppers/downers heroin, cocaine, steroids or any other drug. Yes No

If your answer is YES explain in detail and when was last drug use.

RESIDENCES

Chronologically list all your residence in the past three (3) years

Dates/Mo./Yr.	To	Street Address/ Apt. No.	City/County	State/Zip
1.				
2.				
3.				

EDUCATION/TRAINING

1. High School	Dates Attended	Years Completed	Did you Graduate?	Type of Diploma
2. College	Dates Attended	Years Completed	Did you Graduate?	Type of Degree
3. Other Schools Trade, Vocational Miscellaneous				

MILITARY DATA

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

If yes, please attach a copy of your DD-214

Branch of Service: _____ Rank: _____

From: _____ To: _____

Type of Discharge: _____ if less than honorable. Explain

Was there any type of disciplinary action taking against you in the service(s)? Be sure to include non-judicial punishment. Yes No If yes, please provide the nature of offense and action taken.

Are you now or ever been a member of the Reserve Unit or National Guard? Yes No

List any rewards or medals received while in the Military _____

PHYSICAL DATE

Do you have any physical problems such as but not limited to a bone, joint or other deformity or loss of a figure which would preclude, restricted regular participation in all phases of the Kane County Sheriff's Office firearms training, physical training and defensive tactics? Yes No If yes, please describe.

Have you ever-received compensation or pension benefits? Or, do you intend to apply for pension or compensation for physical problems? Yes No

If yes, specify what kind, granted by whom, and what amount, when and why. If applicable, include Veterans

Administration Claim #. _____

EMPLOYMENT HISTORY

Begin with the most recent and work back, include military experience.

1. Employer _____ Dates Employed _____

Supervisor's name _____

Position held _____

From _____ Part Time

To _____ Full Time

Employer city, state _____

2. Employer _____ Dates Employed _____

Supervisor's name _____

Position held _____

From _____ Part Time

To _____ Full Time

Employer city, state _____

Do we have your permission to contact your employer? Yes No

Have you ever been dismissed or asked to resign from any employment or position? Yes No

If yes, explain: _____

REFERENCES

List three references you have known for at least 5 years

Name	Name	Name
Phone	Phone	Phone
Years Acquainted	Years Acquainted	Years Acquainted
Occupation	Occupation	Occupation
Address	Address	Address

ORGANIZATION MEMBERSHIP

List all clubs of which you belong

Name	Name	Name
Address	Address	Address

I certify that the facts contained in this application are true and complete to the best of my knowledge.

I understand that any false statements, omissions, or misrepresentations on this application, or false statements made during the employment process may be considered sufficient cause for rejection, of this application, or dismissal if I have been employed no matter when discovered.

I hereby authorize the Kane County Sheriff's Merit Commission to thoroughly investigate my background, references, employment record, driving record, and other matters related to my suitability for employment and, further authorize my former employers or any third party to disclose to the Kane County Sheriff's Merit Commission all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. In addition, I hereby release the Kane County Merit Commission, the Kane County Sheriff, former employers and all references listed above, from all claim, demands or liability arising out of or related to such investigation or disclosure.

I understand that filling out this form does not indicate there is a position open and does not obligate the Kane County Sheriff or the Kane County Sheriff's Merit Commission to hire me. If hired, I agree to abide by all rules, policies, and procedures relating to work performance and conduct as established by both the Kane County Sheriff and the Kane County Merit Commission.

I understand that nothing containing in this application or conveyed during any interview, which may be granted, is intended to create an employment contract. I further agree that if I am hired my employment is for no definite period, and that I may be terminated at will subject to applicable policies and agreements.

I understand that all appointments and probationary for a period of one year during which I must demonstrate my fitness for continued employment by the Kane County Sheriff's Office. I also understand that in many parts of the Sheriff's Office it has been necessary to establish regular night and midnight shifts in view of which I must be completely available for such assignments as the needs might arise.

I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from Kane County Sheriff's Office.

I agree to these conditions, and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant

Please print name

Date

APPROVAL FOR BACKGROUND INVESTIGATION

As a Merit Commission Candidate, I do hereby certify that I am applying for a position with the Sheriff's Office of Kane County. I further declare that questions answered by me on the application for employment are true and correct. I understand that any discrepancy will result in my application not being accepted.

I further realize a full background investigation will be done. I hereby authorize individuals contacted to supply pertinent information. I will hold no one liable who supply information, regardless of whether or not I am hired.

The Kane County Sheriff's Merit Commission on this date October 6, 1990 hereby authorizes the Kane County Sheriff's Office to use such information set forth in Title 28, code of Federal Regulations 9CFR) Section 50.12, both governmental and non-governmental entitles for all Merit Commission applicants.

Beginning August 1, 1991 all Deputies after completing the 400 hour Basic Law Enforcement course must successfully complete a Field Training Program, by meeting pre-existing criteria and standards set by Departmental Memorandum and Operating Procedures, as evaluated and documented by field training Officers and Patrol Sergeants, and reviewed by the Patrol Commander and the Sheriff.

I HAVE READ THE ABOVE:

NAME

PLEASE PRINT NAME

DATE