

# INFORMATION AND INSTRUCTIONS FOR APPLICANTS FOR POSITION OF CORRECTIONAL OFFICER

## *MERCER COUNTY, ILLINOIS*

The Investigation of Candidate Questionnaire must be returned by time and date set forth in media announcement. Answer all questions fully unless they are not applicable. Check and re-check your application for completeness. Lack of completion of this form may give cause for the Merit Commission to not accept your application. The Merit Commission reserves the right to refuse to examine an applicant or, after examination, to certify him or her as eligible:

- a. Who is found lacking in any of the established preliminary requirement for the service for which he or she applies.
- b. Who uses or has used narcotics or intoxicating beverages to excess.
- c. Who has been convicted of a felony or who has been found by a court of law to be guilty of or has pled guilty to a felony.
- d. Who has been convicted of any misdemeanor involving moral turpitude.
- e. Who has been dismissed from any public service for good cause.
- f. Who has attempted to practice any deception or fraud in his or her application.
- g. Whose character and employment reference are unsatisfactory.
- h. Who has suffered the amputation of any limb.
- i. Who does not possess a high school education or its equivalent.
- j. Who has received a discharge from any branch of the Armed Forces of the United States of America under less than honorable conditions.

Applicants shall be subject to undergo a written exam followed by an oral examination in front of the Merit Commission members. Applicants shall be notified by the Merit Commission as to the time, date and location of above testing by first class mail addressed to the address set forth in your returned application form.

### **SUMMARY**

1. Return your application form on or before the specified date and time. Be certain the application is complete and accurate.
2. Return with your application a properly completed "Compliance with Rules" form.
3. Return with your application properly completed "Release of Information".
4. Attach to your application form a photograph similar to that used for a passport.
5. Return with your application a copy of your birth certificate.

INVESTIGATION OF CANDIDATE  
QUESTIONNAIRE  
DEPUTY SHERIFF/CORRECTIONAL OFFICER

Please read these instructions carefully. Failure to return this questionnaire in a properly completed form to the Secretary of the Mercer County Merit Commission will result in the removal of your name from the list of applicants for the position of Deputy Sheriff/Correctional Officer.

Read every question carefully. Answer every question leaving no blank spaces. Use the term "DNA" (does not apply) if the question does not apply to you. Failure to complete all provided questions could provide grounds for removal from the list of applicants.

A candidate may be rejected who has made a false statement of a material fact or practiced, or attempted to practice any deception or fraud on the application, in his examination or in securing his eligibility for appointment. If an employee is found to have made a false statement of a material fact or practiced or attempted to practice, any deception or fraud in this application, in this examination or in securing eligibility for appointment that employee may be discharged or otherwise disciplined.

If writing space provided is inadequate, use the continuation sheets at the end of this application and identify additional information by question number.

The candidate shall personally prepare this form. All entries, except signatures, must be printed legibly in block letters with black ink.

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Signature

COMPLIANCE WITH RULES

I hereby agree to abide by all rules and regulations of the Mercer County Merit commission pertaining to the giving of examinations, grading examinations, and ownership of examinations, their results, and other documents associated therewith during the application and selection process during my probationary period, if appointed; and during the period I am permanently appointed as Correctional Officer/Deputy in and for Mercer County, Illinois. I further agree that should I fail to abide by said rules and regulations that I will be dismissed from further consideration as a candidate or may be discharged from the service, if already in service

I further agree that, if selected for appointment I shall abide by all conditions of employment now or hereafter established.

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Signature of Applicant

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Date

**GENERAL INFORMATION**

1. Last Name			First Name			Middle Name		
2. List any other names or aliases you have used or been known by (include maiden name if applicable)								
Last Name			First Name			Middle Name		
3. Number		Street		City		State		Zip Code
4. Telephone number(s)				5. Social Security Number			6. Are you at least 21 years of age?	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. How did you learn about us?								
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____								
8. In chronological order, beginning with the most recent location, state every place you have resided in the last 5 years.								
From (Mo. & Yr.)		To (Mo. & Yr.)		Address of residence			City & State	
9. Have you ever been convicted of a criminal offense in this state or elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No								
10. If the answer to question# 9 is yes, please provide the following information regarding the conviction(s).								
Date	Charge		Location			Court Disposition or Sentence		Police Agency

### DRIVING HISTORY

11. Can you operate an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do you possess a valid operator's/driver's or chauffeur's license from Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. If your current license is not issued from the State of Illinois, which state is the license issued by? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Current driver's license number and date of expiration. # _____ Date: _____		
15. Have you ever been refused an operator's or chauffeur's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. If yes to question # 15 please provide explanation:		
17. Have you ever had an operator's or chauffeur's license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. If yes to question # 17 please provide explanation:		
19. Have you ever had a license which was suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. If yes to question # 19 please provide explanation:		
21. List all traffic violations of which you have been convicted:			
Location	Approximate Date	Nature of Violation	Disposition of Case

### MILITARY SERVICE

22. Have you ever served in the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. If yes to question #22 how many periods of active military service have you had? (Include drafts, enlistments or recalls to the service.)	
24. Provide period, or periods of active service. From _____ To _____ From _____ To _____ From _____ To _____	25. Provide branches of service: 26. Highest rank held in military service: 27. Service serial number:
28. What is the type of your discharge(s) or separation(s) i.e. honorable, general, bad conduct, undesirable, dishonorable etc. (Be exact)	
29. If you have been in the military service and have a discharge, where is this discharge recorded?	
30. Are you now an active or inactive member of the reserve forces of the United States or any foreign government? <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> United States <input type="checkbox"/> Foreign government	
31. If answer to # 30 is Active or Inactive, provide branch, unit, rank and address of assignment. Branch _____ Unit _____ Rank _____	
32. Are you now a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33. If yes to # 32 provide State, Unit and Rank.      State _____ Unit _____ Rank _____	

**EDUCATION**

34. Education years completed. Please circle highest year completed.

GED    12    14    16    18    19    20

35. List the various schools you have attended and other information requested.

Name & Address of school (Include city and state)	# of years completed	Dates Attended	Graduated Yes    No
High Schools:			
College or University:			
Extension or correspondence courses:			

36. Were you ever expelled or suspended from any school?     Yes     No

37. If yes to # 36 please explain.

38. List other formal education you have had including special training courses.

39. List any professional licenses or certificates you hold or have held.

40. Languages spoken:

Languages written:

## EMPLOYMENT HISTORY

41. Please indicate your present occupation and the duties which you are assigned to:

42. List all jobs you have held, including voluntary activities, military service, temporary and part time jobs. Include periods of employment.  
**Put your present or most recent job first.**

Employer's Name:	Address:	Phone:	Type of Business:
Name & Title of Supervisor:	From: To:	Exact title or position:	
Explain what your duties were:			
Employer's Name:	Address:	Phone:	Type of Business:
Name & Title of Supervisor:	From: To:	Exact title or position:	
Explain what your duties were:			
Employer's Name:	Address:	Phone:	Type of Business:
Name & Title of Supervisor:	From: To:	Exact title or position:	
Explain what your duties were:			
Employer's Name:	Address:	Phone:	Type of Business:
Name & Title of Supervisor:	From: To:	Exact title or position:	
Explain what your duties were:			
Employer's Name:	Address:	Phone:	Type of Business:
Name & Title of Supervisor:	From: To:	Exact title or position:	
Explain what your duties were:			
Employer's Name:	Address:	Phone:	Type of Business:
Name & Title of Supervisor:	From: To:	Exact title or position:	
Explain what your duties were:			
Employer's Name:	Address:	Phone:	Type of Business:
Name & Title of Supervisor:	From: To:	Exact title or position:	
Explain what your duties were:			

The above employers whom you do not wish us to contact: \_\_\_\_\_

43. Have you, or any corporation or partnership of which you were an officer, director or partner, ever possessed a license or permit (exclude driver's license) issued by a governmental agency? If yes, provide details.

Yes  No

44a. Has any license or permit (excluding driver's license) issued by any city, state or federal agency ever been denied to you or to any corporation or partnership of which you were an officer, director or partner? If yes, provide details.

Yes  No

b. Has any such license or permit ever been revoked, canceled or suspended? If yes, provide details.

Yes  No

45. Have you ever previously been employed as a law enforcement officer?  Yes  No

46. If yes to # 46, provide the following information.

Position	Date (from)	Date (to)	Location

47. Were you ever discharged or forced to resign from a position due to misconduct, unsatisfactory service or under investigation?

Yes  No

48. If yes to # 47, provide details:

49. Are you a citizen of the United States?  Yes  No

50. If no to # 49 does your immigration status permit you to work?  Yes  No

51. Explain your reason for applying for this position:

**ACQUAINTANCES**

52. Fill in below the names of two adults, not related to you and not former employers or references, who are friends, fellow students, or fellow workers. Names listed should be those persons who have seen you frequently during the past year.

Name	Address		Home Phone
Business Address	Business, occupation or profession	Business phone	Years known
Name	Address		Home Phone
Business Address	Business, occupation or profession	Business phone	Years known

**REFERENCES**

53. Fill in below the names of three adults not related to you and not former employers, who have known you for a period of time preferably more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

Name	Address		Home Phone
Business Address	Business, occupation, or profession	Business phone	Years known
Name	Address		Home Phone
Business Address	Business, occupation or profession	Business phone	Years known
Name	Address		Home Phone
Business Address	Business, occupation, or profession		Business phone





# Mercer County Sheriff's Office

**Dusty Terrill**  
SHERIFF

**Brian Evins**  
CHIEF DEPUTY

**Paula D. Nelson**  
ADMINISTRATIVE  
ASSISTANT

## LAW ENFORCEMENT AGENCY

### AUTHORIZATION FOR RELEASE OF INFORMATION

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I, \_\_\_\_\_ hereby give the Mercer County Sheriff's law enforcement agency and its agents the authority to conduct a comprehensive investigation of my background including, but not limited to, oral discussions with any person concerning my background. I also authorize a review and full disclosure of all records and other information concerning myself whether such records and other information are public, private, privileged, or confidential. This includes records maintained by past and present employers, law enforcement, public utility companies, and State and Federal agencies, health care facilities, and State and Federal income tax information.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this Authorization of Release of Information. I consider a copy of the Authorization for Release of Information to be as valid as the original even though a copy does not have my original signature.

I hereby release the Mercer County Sheriff's law enforcement department and its agents and anyone who gives written or oral information about me to the Mercer County Sheriff's Office from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, associations, assigns, and representatives.

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of person about whom the information is requested)

\_\_\_\_\_ Date \_\_\_\_\_  
(Witness Signature)



# Mercer County Sheriff's Office

**Dusty Terrill**  
SHERIFF

**Brian Evins**  
CHIEF DEPUTY

**Paula D. Nelson**  
ADMINISTRATIVE  
ASSISTANT

I, \_\_\_\_\_ give the Mercer County Sheriff's Office permission to do a criminal history check. I understand I must provide my date of birth in order to run this check. I further understand this information will be used only for determining any criminal history in relation to my possible employment with the Mercer County Sheriff's Office.

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

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Date of Birth

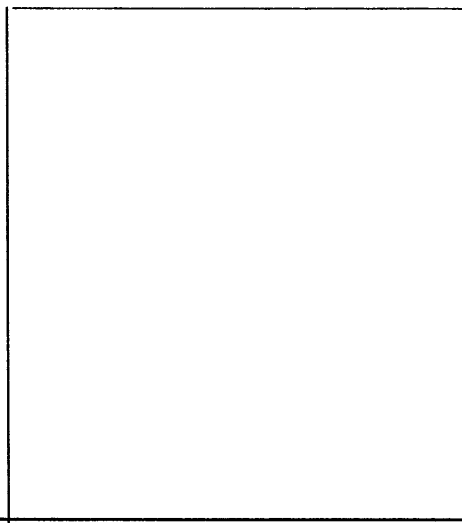
TO WHOM IT MAY CONCERN:

I respectfully request that you provide the Mercer County Sheriff's Office, any and all information that you may have concerning me, my work record, or my reputation. Also, please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Mercer County Sheriff's Office.

I hereby release you and/or your employer from any liability and damage of any nature whatsoever on account of furnishing the information requested above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**ALL APPLICANTS** - Attach an unmounted full-face photograph of yourself; not larger than 2 3/4 X 2 1/2 inches. Print your name plainly on the back of the photograph. The photograph must have been taken not more than 3 months prior to the date of this application.

TWO YEAR APPLICATION RENEWAL

I understand my application will be held in the Sheriff's Office file for two years and will remain active if I submit a written statement indicating my continued interest by the end of the second year. I understand this procedure should be updated the end of the second year if I'm still interested in employment with the Mercer County Sheriff's Office. If the Mercer County Sheriff's Office does not receive a written statement indicating my continued interest by the end of two years, I understand my application will be placed in the inactive file.

I authorize investigation of all statements in this application, and I understand that any false statement or deliberate omissions on the application will be cause for my discharge if I am employed by the Mercer County Sheriff's Office.

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

\_\_\_\_\_  
Date

# REQUEST PERTAINING TO MILITARY SERVICE RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>  
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
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5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE	-			<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE	-			<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD	-			<input type="checkbox"/>	<input type="checkbox"/>	

6. IS THIS PERSON DECEASED?  NO  YES - MUST provide Date of Death if veteran is deceased: \_\_\_\_\_

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE?  NO  YES

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

DD Form 214 or equivalent. Year(s) in which form(s) issued to veteran: \_\_\_\_\_

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.

An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:  I want a DELETED copy.

Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

2. PURPOSE: (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

Benefits (explain)  Employment  VA Loan Programs  Medical  Genealogy  Correction  Personal  Other (explain)

Explain here: \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: \_\_\_\_\_

2.  I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.  I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)

I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)  OTHER

(Relationship to deceased veteran) (Specify type of Other)

3. SEND INFORMATION/DOCUMENTS TO:  
(Please print or type. See item 4 on accompanying instructions.)

Name: **MERCER COUNTY SHERIFF**  
**906 S.W. 3rd St.**  
**ALEDO, IL 61231**

Street: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print \_\_\_\_\_ Date \_\_\_\_\_

Daytime phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email address \_\_\_\_\_

\* This form is available at <http://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) web site. \*