



McHenry County Sheriff's Department

Application for Employment



Return to: McHenry County Sheriff's Office
 2200 N. Seminary Ave Telephone: (815) 334-2144
 Woodstock, IL 60098 Facsimile: (815) 334-3037
 Website: www.mchenrycountyil.gov
 E-mail: Sheriff@mchenrycountyil.gov

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, veteran status, or physical/mental impairments unrelated to ability to perform essential job functions. We welcome you as an applicant for employment.

Please Print

Position Applied ForDate

Section I General Information

Name: _____

Last NameFirst NameMiddle Initial

Address: _____

StreetCityStateZip Code

Mailing Address (if different): _____

StreetCityStateZip Code

Home Telephone: () _____ Cell Phone: () _____

E-mail: _____ Fax: () _____

F.O.I.D. (Firearms Owner ID) Card Number (IL Residents Only): _____

Have you previously worked for McHenry County? Yes No If yes, give date(s): _____

What date would you be available for work? _____

Have you previously filed an application in the County of McHenry or its elected officials? Yes No

If yes, give date(s) and department(s): _____

Are you legally eligible for employment in this country? Yes No (Proof of U.S. Citizenship or Immigration status will be required upon employment)

Are you available to work different shifts? Yes No

If you are under 18 years of age, can you provide required proof of your ability to work? Yes No

Are you over the age of 21? Yes No (please be aware that applicants must have reached their 21st birthday on or before the date of the written examination to test for the Merited Deputy Sheriff position)

Are you able to perform the essential duties of the position safely and effectively? Yes No

Do you have any relatives or friends currently employed by McHenry County? Yes No

If yes, please provide name(s) and position(s):

Section II Background Information

Have you ever been convicted of any crime as an adult (excluding minor traffic violations)? Yes No
Being convicted of a crime does not necessarily disqualify you from any position. Each will be reviewed on a case-by-case basis. Applicant is not obligated to disclose expunged juvenile records of adjudication, conviction, or arrest.

If yes, please explain:

Currently are there any felony charges pending against you? Yes No If yes, please explain:

Section III Education, Training, Certificates & Licenses

Schools	Name and Location	Graduate Yes/No	Major/Minor Course Work	Type of Degree Received
High School				
College				
University				
Graduate or Professional				
Other educational, vocational school, internships, etc.				

List any foreign languages you can speak, read, and/or write:

Speak Read Write Speak Read Write

Fluent Good Fair Fluent Good Fair

Section IV Professional References

List four persons who are not related to you who have knowledge of your business or professional qualifications for the position. Do not repeat names of supervisors listed under employment history.

Name	Occupation	Address	Phone	Years Known
Name	Occupation	Address	Phone	Years Known
Name	Occupation	Address	Phone	Years Known
Name	Occupation	Address	Phone	Years Known

Section V Employment Experience

- In this section, be sure to describe any education, training, and experience you have which provides the required knowledge, skills and abilities to perform the essential functions of the position for which you are applying.
- If a supplemental application, resume, certification or other information is required, it should accompany this application.
- Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years.
- A resume, while strongly encouraged, is not a substitute for this application unless otherwise noted in the job announcement.

Job Title:		Start Date:	End Date:
Employer:		Phone: ()	
Employer Address:			
If this is your current employer, may we contact them if you become a finalist for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisor:		Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving:	
Duties and Responsibilities:			

Job Title:		Start Date:	End Date:
Employer:		Phone: ()	
Employer Address:			
Supervisor:		Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving:	
Duties and Responsibilities:			

Job Title:		Start Date:	End Date:
Employer:		Phone: ()	
Employer Address:			
Supervisor:		Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving:	
Duties and Responsibilities:			

Job Title:		Start Date:	End Date:
------------	--	-------------	-----------

