

WILL COUNTY SHERIFF'S OFFICE PRELIMINARY AUXILIARY DEPUTY APPLICATION

Please Print

LAST NAME: _____ FIRST: _____ MIDDLE: _____

ALIAS/NICKNAME/MAIDEN: _____

ADDRESS: _____ CITY: _____

ZIP CODE: _____ TELEPHONE #: _____ CELL #: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DRIVER'S LICENSE #: _____ SOCIAL SECURITY #: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

EMAIL ADDRESS: _____

U.S. CITIZEN: YES NO NATURALIZATION CERTIFICATION#: _____

VETERAN: YES NO BRANCH OF MILITARY: _____

HIGH SCHOOL GRADUATE: YES NO GED GRADUATE: YES NO YEAR: _____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____

PLEASE DESCRIBE YOUR INTEREST IN THE AUXILIARY DEPUTY ORGANIZATION ON THE REVERSE SIDE OF THIS APPLICATION. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL ACTION OR TRAFFIC OFFENSE? IF YES, GIVE DATE, LOCATION, DETAIL OF INCIDENT, AND COURT DISPOSITION ON REVERSE SIDE OF APPLICATION.

I CERTIFY THAT I HAVE PERSONNALLY COMPLETED THIS APPLICATION AND THAT THERE IS NO MISREPRESENTATION, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS OR ANSWERS. THE ABOVE ENTRIES MADE BY ME ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. ANY FALSIFICATIONS ARE GROUNDS FOR NOT BEING ACCEPTED.

SIGNATURE OF APPLICANT

DATE

ELIGIBILITY REQUIREMENTS:

1. MUST BE U.S. CITIZEN
2. MUST BE WILL COUNTY RESIDENT UPON SUCCESSFUL COMPLETION OF THE AUXILIARY ACADEMY
3. MUST BE 21 YEARS OF AGE
4. MUST HAVE A VALID DRIVER'S LICENSE
5. MUST BE A HIGH SCHOOL OR G.E.D. GRADUATE
6. MUST HAVE OR OBTAIN A VALID ILLINOIS FIREARM OWNERS IDENTIFICATION CARD
7. SUCCESSFULLY COMPLETE BACKGROUND CHECKS, PRE-EMPLOYMENT SCREENING TEST, DRUG TEST, ORAL INTERVIEW, AND 250 HOUR AUXILIARY DEPUTY TRAINING COURSE

RETURN APPLICATION TO:

SGT. KYLE LAKOMIAK
WILL COUNTY SHERIFF'S OFFICE
16911 W. LARAWAY ROAD
JOLIET, ILLINOIS 60433

