

APPLICATION FOR COURT SECURITY OFFICER

WILL COUNTY SHERIFF'S OFFICE SHERIFF MIKE KELLEY

Eligibility Requirements:

1. Must be State Certified police officer or correctional officer as prescribed by the Illinois Law Enforcement Training and Standards Board (50 ILCS 7051-12) and/or retired or currently not working full-time with respective agency.
2. U.S. Citizen
3. Must Be 21 Years of Age
4. Valid Driver's License
5. High School or GED Graduate
6. Must possess a valid Illinois Firearms Owner Identification Card (FOID)
7. No felony or certain misdemeanor convictions from any jurisdiction
8. Must establish residency in Will County within 2 years from date of appointment (ONLY for Full-Time)
9. Successfully pass a physical agility test
10. Be acceptable to the Sheriff following an in depth background investigation regarding reputation and character
11. Successfully pass polygraph examination
12. Successfully pass a psychological examination
13. Successfully pass an interview panel consisting of Sheriff's Office Personnel and Chief Judge or his/her designee(s)
14. Successfully pass a medical examination including a drug test
15. Must be proficient in the use of firearms and be able to maintain departmental qualification standards in the use of firearms
16. Successfully pass a field training program
17. Successfully pass an 18 month probationary period
18. Must be able to handle stressful situations, such as gang problems, fights, active shooters, bomb threats, and multiple situations simultaneously
19. Must have knowledge of courtroom procedures and operations
20. Must have knowledge of local, state, and federal laws
21. Must be able to read and interpret reports, posters, policy and procedure manuals, releases, court orders, and ID cards
22. Must have excellent communication skills, both written and oral
23. Must possess and exercise sound judgement in reacting to emergency situations and using physical force necessary to defend oneself and others

RETURN BY MAIL TO:

DEPUTY CHIEF JEREMY VIDUNA
WILL COUNTY SHERIFF'S OFFICE
16911 W. LARAWAY ROAD – SUITE 101
JOLIET, IL 60433

QUESTIONS:

INTERNALAFFAIRS@WILLCOSHERIFF.ORG
815-727-5680

INCLUDE WITH YOUR APPLICATION:

1. Copy of your valid Driver's License.
2. Attach a copy of your Law Enforcement or Corrections Illinois Law Enforcement Training and Standards Board Certificate.
3. Copy of your valid FOID Card.

LASTNAME:		FIRST, MIDDLE:	
ADDRESS:		CITY, STATE, ZIP:	
EMAIL (PLEASE PRINT NEATLY IN ALL CAPS):			
CELL PHONE NUMBER:	AGE:	DATE OF BIRTH:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE COUNTRY OF BIRTH:
SOCIAL SECURITY NUMBER (LAST 4 ONLY):	VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NUMBER:	STATE ISSUED:
HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR: U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO
NATURALIZATION CERTIFICATE NUMBER IF NOT BORN A U.S. CITIZEN:		POSITION APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	

APPLICATION FOR COURT SECURITY OFFICER

HAVE YOU EVER APPLIED WITH THE WCSO? YES _____ NO _____
 IF YES, WHEN DID YOU APPLY? _____ POSITION _____
 IF HIRED, FROM: _____ TO: _____

EDUCATION

NAME OF HIGH SCHOOL, COLLEGE, TRADE, OR TECHNICAL SCHOOLS	CITY AND STATE	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.	COURSE OF STUDY/DEGREE RECEIVED/CERTIFICATIONS
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any skills, abilities, hobbies, training, etc. which you feel may be an asset. (Example: business machines, volunteer work, additional languages, word processing, clerical, etc.): _____

Please list any license, registration, certificate, etc., which is related to the job you are applying for: _____

Have you ever had a license, registration, certificate, etc., related to the position you are applying for suspended, revoked, placed on probation or lapsed for any reason? Yes No If yes, please explain: _____

EMPLOYMENT HISTORY

Print Name: _____

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer and go back a minimum of ten (10) years. Do not omit any employment during that time. Add additional sheets if necessary. Answer each question completely; **"See Resume" is not acceptable.**

Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	
		May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name & Title:	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)
Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	
		May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's Name & Title:		Work Telephone: _____ () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)
Name and Address of Employer	Dates of Employment	List Job Responsibilities:	
	From: _____ / _____ / _____		
Position Held/Job Title:	To: _____ / _____ / _____		
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME			
		May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name & Title:		Work Telephone: _____ () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)

PROFESSIONAL REFERENCES

List below three people who are not related to you and that have direct knowledge of your skills, experience and fitness for the position or field for which you are applying. Preferably, these are individuals who have supervised your work either currently or in the past.

FULL NAME	BUSINESS OR HOME ADDRESS	OCCUPATION	TELEPHONE NUMBER
			() _____
			() _____
			() _____

CERTIFICATION

I certify that answers/information given herein are true, complete and accurate. I understand that any omission or misrepresentation of information may be sufficient cause for rejection of this application or, if employment has commenced, grounds for immediate dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize any schools that I have attended, current and previous employers, and organizations named in this application to provide the County of Will with any information that may be requested to make an employment decision. I hereby specifically waive written notice from any and all former employers regarding their disclosure to the County of Will of any information including disciplinary action. I understand that if I am offered employment, it is contingent upon satisfactorily passing a physical examination and/or drug test prior to placement in the position for which I have applied when such tests are required. I specifically authorize law enforcement agencies to release any records of prior criminal convictions and/or pending felony charges it may have or may obtain from other sources to the County of Will. I hereby release the County of Will and other agencies from any and all actions and claims that may be sustained by me from the release and use of the information. I understand and agree that in the absence of an express written agreement to the contrary executed by the employer, any employment I accept shall be for an indefinite term and shall be terminable at any time, with or without notice or cause, either by me or at the will and sole discretion of the employer. I have read or had read to me and understand the above statement.

APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Applicant Signature: _____ Date: _____

*THANK YOU FOR CONSIDERING THE COUNTY OF WILL AS A POTENTIAL EMPLOYER APPLICATIONS
ARE ONLY ACCEPTED FOR CURRENT JOB OPENINGS*



Will County Sheriff's Office
 16911 W. Laraway Rd, Suite 101,
 Joliet, IL 60433

Phone: (815) 723-1648

Website: www.willcosheriff.org

Will County Sheriff's Office - Sheriff Mike Kelley
 Additional Employment History Sheet | Equal Opportunity Employer

Applicant Name:

Please continue listing full-time and part-time employment record and go back a minimum of ten (10) years. Do not omit any employment during that time.
 Answer each question completely; **"See Resume" is not acceptable.**

PRINT YOUR NAME:

Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	
		May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Supervisor's Name & Title:</u>	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)
Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	
		May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Supervisor's Name & Title:</u>	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)
Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	
		May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Supervisor's Name & Title:</u>	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)
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Position Held/Job Title: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	
		May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Supervisor's Name & Title:</u>	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)

(Certification on Page 1 must be signed and applies to this additional employment history sheet)



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Recruitment Identification Form | Equal Opportunity Employer

To Be Kept Separately From Application

The County of Will is an Equal Opportunity Employer. The federal government encourages employers to maintain records on the gender, race and ethnic background of its applicants. To comply, Will County requests that you supply, on a voluntary basis, the information sought below. **Completion of this form is strictly VOLUNTARY.** The information is for record keeping purposes only and will in no way effect any employment decision. This **confidential** questionnaire will be kept separately from your *Application for Employment*.

DATE: _____ / _____ / _____ POSITION APPLIED FOR: _____

NAME: _____ DEPARTMENT: _____
(LAST) (FIRST) (MI)

EQUAL OPPORTUNITY GROUP PLEASE CHECK APPROPRIATE BOXES:

Male Female

Race/Ethnic Group:

- African American/Black:** A person having origins in any of the black racial groups of Africa
- American Indian or Alaskan Native:** A person having origins from any of the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander:** A person having origins from any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. These areas include, for example, China, India, Japan, Korea, the Philippines and Samoa.
- Hispanic (non white):** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Caucasian/White:** A person having origins from any of the original people of Europe, North Africa or Middle East.
- Multiracial:** A person having parents of different races.

Recruitment Source (How did you learn about this job?)

- From a County Employee
- County Job Announcement (Location): _____
- Newspaper Classified Ad (Paper): _____
- Professional Publication (Name): _____
- Radio/Television (Name): _____
- Internet (Website): _____
- School Placement Office: _____
- Community Agency: _____
- Employment Agency: _____
- Area Training Agency: _____
- IDES (Location): _____
- Other (Please be specific): _____

WILL COUNTY SHERIFF'S OFFICE
0LNH .HOOH\, Sheriff

I hereby authorize and empower the Will County Sheriff's office, the Will County Sheriff, any consumer reporting agency, or other outside service company engaged by the Will County Sheriff's Office to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics, and mode of living.

I respectfully request that any agency, or person contacted, furnish to the Will County Sheriff's Office any and all information that you have concerning me, my work record, medical condition, personality, or my reputation. This information is to be used to determine my qualifications and fitness for a position with the Will County Sheriff's Office.

I hereby release any person, organization, current and/or former employer from liability and/or damage of whatsoever nature, on account of furnishing the information requested above.

Printed Name

Signature

Date

Witness