



DEPUTY LATERAL SHERIFF APPLICATION



WILL COUNTY SHERIFF'S OFFICE SHERIFF MIKE KELLEY

Eligibility Requirements:

- U.S. citizen
- Must be 21 years of age
- Valid driver's license
- Not have a felony or certain misdemeanor convictions from any jurisdiction
- Resident of Will County within two (2) years after appointment
- **Must have passed the probationary period of current or past police/deputy position of employment. Updated 7-2-24**

RETURN by mail or in person to:

WILL COUNTY MERIT COMMISSION
16911 W. LARAWAY ROAD – SUITE 201
JOLIET, IL 60433

MONDAY-FRIDAY 8AM-3:00PM

24/7 IN DROPBOX AT THE FRONT OF THE BUILDING

ALL EMAILS AND QUESTIONS:

MERITCOMMISSION@WILLCOSHERIFF.ORG

815-727-5680

INCLUDE WITH YOUR APPLICATION:

1. Processing fee - \$25.00 – Check or Money Order made out to Will County Merit Commission
FEE IS NON-REFUNDABLE
2. Please attach your law enforcement training certificate

NAME

LAST:

FIRST, MIDDLE:

ADDRESS:

CITY, STATE, ZIP:

EMAIL: (PLEASE PRINT NEATLY IN ALL CAPS)

CELL PHONE NUMBER:

AGE:

DATE OF BIRTH:

MALE _____

COUNTRY OF BIRTH:

FEMALE _____

SOCIAL SECURITY NUMBER: (LAST FOUR ONLY)

VETERAN:

DRIVER'S LICENSE NUMBER:

STATE ISSUED:

YES ___ NO ___

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

U.S. CITIZEN:

YES ___ NO ___

NATURALIZATION CERTIFICATE NUMBER IF NOT BORN A U.S. CITIZEN:

HAVE YOU EVER APPLIED WITH THE WCSO? YES ___ NO ___

IF YES, WHEN DID YOU APPLY? _____ POSITION _____

IF HIRED, FROM: _____ TO: _____

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HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIMINAL ACTION AS AN ADULT? YES _____ NO _____
IF YES, GIVE DATE(S), PLACE, AND COMPLETE DETAILS OF INCIDENT/OUTCOME:

HAVE YOU EVER BEEN SERVED WITH AN ORDER OF PROTECTION? YES _____ NO _____
IF YES, GIVE DATE(S), PLACE, AND COMPLETE DETAILS OF INCIDENT/OUTCOME:

HAVE YOU EVER RECEIVED A TRAFFIC TICKET SINCE YOU WERE 18 YEARS OF AGE? YES _____ NO _____
IF YES, GIVE DATE(S), PLACE, AND COMPLETE DETAILS OF INCIDENT/OUTCOME:

HAVE YOU EVEN BEEN STOPPED FOR, ARRESTED, CITED, OR CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS AS AN ADULT? YES _____ NO _____
IF YES, GIVE DATE(S), PLACE, AND COMPLETE DETAILS OF INCIDENT/OUTCOME:

HAVE YOU EVER BEEN ARRESTED/BOOKED INTO THE WILL COUNTY ADULT DETENTION FACILITY? YES _____ NO _____
IF YES, GIVE DATE(S) AND COMPLETE DETAIL OF INCIDENT/OUTCOME:

*IF YOU NEED MORE ROOM, PLEASE USE THE BLANK SPACE ON PAGE 3

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LAW ENFORCEMENT EXPERIENCE (POLICE/DEPUTY ONLY):

LAW ENFORCEMENT EMPLOYER: _____

ADDRESS: _____

POSITION: _____

DATES OF HIRE: _____ TO _____

IMMEDIATE SUPERVISOR: _____

IMMEDIATE SUPERVISOR PHONE NUMBER: _____

IMMEDIATE SUPERVISOR WORK EMAIL: _____

I have passed the probationary period of my employment.

I certify that I have personally completed this application. That there is no misrepresentation, omission, or falsifications in the foregoing statements and answers, and that entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

DATE

SIGNATURE OF APPLICANT