

# Office of the Sheriff

Robert M. Huston • Sheriff  
Tazewell County



101 So. Capitol Street  
Pekin, Illinois 61554  
(309) 478-5600  
Fax (309) 478-5668

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## Correctional Officer:

### Department:

Tazewell County Sheriff's Office

### Salary:

\$20.81 Hourly

### Hours:

Varies

### Job Description:

High School diploma or equivalent must be 21 years of age, Ability to pass written, physical, medical exam, polygraph test and psychological test. And any other test required by the Department,

### To Apply:

Pick up application at the Tazewell County Sheriff's Jail, 101 S. Capitol St. Pekin Illinois.

**Include a photocopy of a valid Drivers License of state of your residence. Have application notarized and return to Department.**

### Comments:

Successfully complete a five (5) week Illinois State Basic Correctional Officer Training Class of Departments choice, and pass the State final exam.

When we have received a sufficient amount of applications for testing you will be contacted by mail for test dates and times.

**TAZEWELL COUNTY SHERIFF'S OFFICE**  
**PLEASE COMPLETE ALL PAGES ATTACHED**

**APPLICATION  
 FOR EMPLOYMENT**

**CORRECTIONS**

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION,  
 CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL  
 ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

*(PLEASE PRINT)*

Position/s Applied For			Date of Application
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required  
 Proof of your eligibility to work?

Yes     No

Have you ever filed an application with us before?

Yes     No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes     No

If yes, give date \_\_\_\_\_

Are you currently employed?

Yes     No

May we contact your present employer?

Yes     No

Are you prevented from lawfully becoming employed in this  
 country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment

Yes     No

On what date would you be available to work? \_\_\_\_\_

Are you available to work:     Full Time     Part Time     Shift Work     Temporary

Are you currently on "lay-off" status and subject to recall?

Yes     No

Can you travel if a job requires it?

Yes     No

Have you been convicted of a felony within the last 7 years?

Yes     No

If Yes, please explain \_\_\_\_\_

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


# Employment Experience

Start with your present or last job, Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Any inaccurate statements or omission of information will be considered falsification of this application.

1	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
5	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

# Employment Experience Continued

Start with your present or last job, Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Any inaccurate statements or omission of information will be considered falsification of this application.

6	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
7	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
8	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
9	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion national origin, age, ancestry, disability or other protected status

# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful in considering your application.

Not to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

\_\_\_\_\_ YES \_\_\_\_\_ NO

## REFERENCES

1 \_\_\_\_\_ ( )  
(Name) Phone

\_\_\_\_\_  
(Address)

2 \_\_\_\_\_ ( )  
(Name) Phone

\_\_\_\_\_  
(Address)

3 \_\_\_\_\_ ( )  
(Name) Phone

\_\_\_\_\_  
(Address)

# APPLICANT'S STATEMENT

I Certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information is given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by the rules and regulations of the employer.

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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# TAZEWELL COUNTY SHERIFF'S DEPARTMENT

## RELEASE AUTHORIZATION

I hereby authorize the release of any Military, Medical, Employment, Credit, and School records or transcripts to the Tazewell County Sheriff's Department.

I further authorize the Tazewell County Sheriff's Department to investigate my character and background, and to solicit any information that might be used in the evaluation of my employment potential with the Tazewell County Sheriff's Department. I also authorize investigation of all statements made in my application for employment with the Tazewell County Sheriff's Department

In making such authorization, I release both the contributor and the County of Tazewell, State of Illinois, from all liability for any damage whatsoever arising there from and I release both agents of the contributor and agents of the County of Tazewell from all liability for any damage whatsoever arising there from.

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

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Driver's License Number

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

Previous Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public



Tazewell County Sheriff's Department  
Tazewell County Merit Commission

**APPLICANT TESTING RELEASE AND WAIVER**

I, the undersigned, recognize that I have voluntarily entered into the recruitment process for a Tazewell County Sheriff's Deputy or Correctional Officer. I hereby agree to abide by all of the rules and regulations of the Merit Commission of the County of Tazewell, Illinois, during the recruitment process and after the completion thereof. I understand that these rules are available for me to review at the Tazewell County Sheriff's Department. I fully understand and agree that all tests and the results thereof become the property of the Merit Commission of Tazewell County and recognize that these materials are not subject to my review.

I, the undersigned, fully recognize and understand that numerous tests and examinations are an integral part of the recruitment process for Sheriff's Deputy or Correctional Officer. As such, I hereby release and discharge the County of Tazewell, The Tazewell County Merit Commission from any and all injuries, losses, and damages to my person that may have been caused or may at any time arise as the result of any examinations and any requirements of the recruitment process conducted by the Tazewell County Merit Commission. I acquit and forever discharge the County of Tazewell, its officers and employees, the Tazewell County Merit Commission and any other entity for any claim whatsoever arising from my voluntary participation in the recruitment process for a Tazewell County Sheriff's Deputy or Correctional Officer. This release and discharge includes any and all actions, causes of action, claims, demands, damages, costs, loss of services, loss of employment, expenses and compensations, on account of any way arising out of any and all known and unknown bodily injuries, civil rights injuries, and property damages resulting from or caused by my participation in the recruitment process for a Tazewell County Sheriff's Deputy or Correctional Officer. The intent hereof is a complete, absolute, and final release of the County of Tazewell and the Tazewell County Merit Commission.

I hereby declare and represent that in making this Release it is understood and agreed that I rely wholly upon my own judgment, belief and knowledge. I have not been influenced to any extent whatever in making this release by any representations or statements made by persons or entities released by this agreement or by any person representing them. I further state I have carefully read the foregoing terms of this release and know the contents thereof and understand that, by my signature below, I am forever releasing the County of Tazewell, its officers and employees, the Tazewell County Merit Commission and any other entity, person, officer or employee for any claim whatsoever arising out of my participation in the recruitment process for a Tazewell County Sheriff's Deputy or Correctional Officer.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_