



FULTON COUNTY SHERIFF'S OFFICE

268 W Washington Ave
PO Box 269
Lewistown IL 61542
Telephone (309) 547-2277
Fax (309) 547-2355

Jon Webb
SHERIFF

Application for Employment with the Fulton County Sheriff's Office

We consider all applicants for all positions without regard to race, color, religion, creed, gender, origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

APPLICANTS MUST COMPLETE ALL ITEMS. ITEMS WHICH DO NOT APPLY SHOULD BE MARKED "N/A" (NOT APPLICABLE).

IN REGARDS TO REFERENCES AND PAST OR PRESENT EMPLOYERS:

You must provide the full names, addresses, (including streets and zip codes), area codes and telephone numbers. Without this information, it is impossible to complete the background check. Failure to complete the information as required may affect your chances for hire.

FULTON COUNTY SHERIFF BACKGROUND INVESTIGATION QUESTIONNAIRE

INSTRUCTIONS: Fill out this questionnaire completely and accurately. If your questionnaire is completed properly, it increases your chance of employment. All statements in your questionnaire are subject to verification. **INTENTIONAL INCORRECT STATEMENT(S) WILL BAR OR REMOVE YOU FROM EMPLOYMENT.** If writing space is inadequate, use the continuation sheet at the end of this questionnaire and identify additional information by question number. Use the term "N/A" (Not Applicable) if the question does not apply.

PERSONAL INFORMATION

Position applied for: _____ Date Available: _____ Date form completed: _____

- 1. Name: _____
Last First MI
- 2. Any other names or aliases you have used OR any other name you have been known by (maiden and previous married name if applicable) _____
- 3. Home address _____
Street City State County Zip
- 4. Home phone number (_____) _____ Cell phone number (_____) _____
- 5. Driver's License No _____ 6. Email _____
- 7. Date of birth _____ 8. Sex _____ 9. Height _____
- 10. Place of birth _____ 11. Age _____ 12. Weight _____
- 13. Social Security Number _____ 14. Eye color _____ 15. Hair color _____
- 16. Are you a US citizen? Yes _____ No _____ If no, are you authorized to work in the U.S.? Yes _____ No _____
If yes, Native born _____ Naturalized _____
If a naturalized citizen, provide the City, State and Date you were naturalized:

17. Have you ever taken a civil service exam? Yes _____ No _____ If yes, explain in detail:

Agency	Approximate Exam Date	Address	Occupation

If extra room is needed, please add an extra piece of paper with the information.

18. Are you on any eligibility lists? Yes _____ No _____ If yes, list names of departments:

19. Were you ever placed on a civil service list and not hired? Yes _____ No _____ If yes, please explain:

20. Were you ever rejected for any civil service position? Yes _____ No _____ If yes, please explain:

21. Have you ever submitted an application for employment for any other police department? Yes _____ No _____
If yes, please list dates:

22. Have you ever been a law enforcement officer, or held a similar position? Yes _____ No _____

Position Held	Date (From)	Date (To)	Location

If extra room is needed, please add an extra piece of paper with the information.

23. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service while employed or while under investigation? Yes _____ No _____ If Yes, please explain. Also include name(s), address(es) of employer(s) and date(s):

Business Name	Address & Phone Number	Manager's Name	Date

If extra room is needed, please add an extra piece of paper with the information.

24. List all jobs, including temporary or part-time jobs, you have held. Please include periods of unemployment. Put your present or most recent job first. Include military service. If you were employed under a different name please list that name.

Business Name	Address	Phone Number	Supervisor	Dates Employed	Salary

If extra room is needed, please add an extra piece of paper with the information.

May we contact your current employer? Yes _____ No _____

25. Explain the reason for applying for this position.

EDUCATION

26. List the various schools you have attended and other information requested.

High Schools Attended	Complete Address	Dates Attended	Graduated? Yes/No

Colleges Attended	Complete Address	Dates Attended	Graduated? Yes/No

If extra room is needed, please add an extra piece of paper with the information.

27. Were you ever expelled or suspended from school? Yes _____ No _____ If yes, explain:

28. List other formal education beyond high school. You may include special training courses.

29. List any professional licenses or certification you hold or have.

DRIVER’S LICENSE AND TRAFFIC RECORD

30. Can you operate an automobile? Yes _____ No _____

31. Do you have a valid driver’s license in Illinois or any other state? Yes _____ No _____

State	Driver’s License Number

If extra room is needed, please add an extra piece of paper with the information.

32. List current driver’s license number and expiration date: _____

33. Have any of your driver's license from Illinois or any other state ever been suspended or revoked?

Yes _____ No _____ If yes, explain. Include date(s) and state(s).

34. Have you ever had a restricted driving permit, judicial driving permit, or has your license been held for supervision Yes _____ No _____ If yes, explain:

35. List all traffic tickets, offenses, and approximate dates:

Date	Charge	Location and State

If extra room is needed, please add an extra piece of paper with the information.

36. Do you have a firearms card in Illinois or another state? Yes _____ No _____ If yes, give state and firearms card number: _____

37. Has your firearms card ever been suspended or revoked in this state or any other state? Yes ____ No ____
If yes, explain. Include date(s,) state(s) and reasons.

CRIMINAL HISTORY (ADULT, MINOR, OR JUVENILE)

38. Have you ever been convicted or charged with a crime including domestic violence? Yes _____ No _____
If yes, explain.

Date	Police Agency and State	Charge	Disposition

If extra room is needed, please add an extra piece of paper with the information.

39. Have you ever been placed on probation? Yes _____ No _____ If yes, explain.

40. Have you ever been required to pay a fine? Yes _____ No _____ If yes, please explain and include the amount.

41. Have you ever been reported as a runaway? Yes _____ No _____ If yes, explain details including jurisdiction, dates, and outcome.

42. Have you ever been fingerprinted by a police agency other than for an arrest? Yes _____ No _____ If yes, list the agency, date and purpose.

43. Have you ever been a victim of a crime? Yes _____ No _____ If yes, explain if you reported the crime to the police and what crime was committed.

44. Are there any warrants, traffic, or otherwise, judgments or orders of protection now pending or ever served against you? Yes _____ No _____ If yes, explain.

ALCOHOL USE

45. Do you consume alcohol? Yes _____ No _____ If yes, give the details.

46. A serving of beverage alcohol is about 1 ½ ounces of hard liquor, 5 ounces of wine, or 12 ounces of beer. How many servings of alcohol would you normally consume in a 24-hour period in which you did drink? _____

47. How many times in the past 12 months have you become intoxicated with alcohol or a combination of alcohol and other substances? _____

48. What is the largest number of servings of alcohol you have consumed in one 24-hour period over the past 5 years? _____ If this was an isolated incident, give the details.

49. Approximately how many days per week, on average, have you consumed alcohol during the past twelve months? _____

50. Have you ever operated a motor vehicle while intoxicated? Yes _____ No _____ If yes, explain the details.

51. Have you ever consumed alcohol while working? Yes _____ No _____ If yes, explain the details.

DRUG USE

Questions regarding illegal drug or substance use must be answered completely, accurately, and truthfully. Any experimentation or use whatsoever must be listed regardless of the amount. This includes, but is not limited to, tasting sniffing, smoking, ingesting, inhaling, swallowing, pretending to use or attempting to use, regardless of the effects. If the exact dates are unknown, you must list an approximate month and year you believe when the drugs were last used.

Illegal drugs or substances include, but are not limited to, marijuana, cocaine, crack cocaine, speed, PCP, meth, heroin, mescaline, LSD, psilocybin (mushrooms), hashish, opiates, barbiturates, steroids, designer drugs, peyote, morphine, methadone, inhalants, or any other illegal substance including illegally-used prescription drugs not including those legally prescribed to you by your physician.

52. Have you ever used any illegal drug or substance? If yes, list illegal drug or substance below and answer related questions in the table.

Name of substance or drug	Date first used	Date last used	Estimated use during the last 5 years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?	Estimated use during your lifetime?	Will you continue to use this substance?
Name of substance or drug	Date first used	Date last used	Estimated use during the last 5 years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?	Estimated use during your lifetime?	Will you continue to use this substance?
Name of substance or drug	Date first used	Date last used	Estimated use during the last 5 years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?	Estimated use during your lifetime?	Will you continue to use this substance?

If extra room is needed, please add an extra piece of paper with the information.

53. Have you ever sold or supplied any illegal drug or substance? If yes, give the details.

54. Have you ever manufactured any illegal drug or substance? If yes, give the details.

55. Have you ever cultivated, grown, or attempted to grow marijuana? If yes, give the details.

56. Have you ever injected any form of illegal drug or substance, including steroids? If yes, give the details.

57. Have you ever allowed someone to use illegal drugs or substances, including marijuana, at your residence or in your vehicle? Yes _____ No _____ If yes, give the details.

58. Have you ever transported drugs or illegal substances, including marijuana, in your vehicle? Yes _____ No _____ If yes, give the details.

59. When was the last time you were at a private gathering where illegal drugs or substances were being used? Give the month and year. _____

60. Have you ever used salvia (a psychoactive plant which can induce hallucinatory experiences)? Yes _____ No _____ If yes, give the details.

61. Have you ever used any synthetic cannabinoid, a synthetic alternative drug, synthetic stimulant or psychedelic/hallucinogen, including but not limited to bath salts, incense used as a drug, cathinones, MDMA or MDEA? Yes _____ No _____ If yes, give the details.

MILITARY SERVICE

62. Have you ever served in any military organization of the U.S.? Yes _____ No ____ If yes, list the following.

Branch Served	Dates	Discharge Status

If extra room is needed, please add an extra piece of paper with the information. **Please attach your DD214 Form to your application.**

63. Give the details and location of entrance to active duty. (City and State) _____

64. Give date and location if discharged from active duty. _____

65. What is your military serial number? _____

66. What was your rank at discharge? _____

67. List all draft classifications you had, i.e, 14, F4, etc. _____

68. Were you ever convicted or charged at a court martial? Yes _____ No _____ If yes, explain.

69. Are you now or were you ever a member of the US Reserve Forces or National Guard? Yes _____ No ____ If yes, explain. _____

Also list as it pertains to the US Reserve Forces or National Guard:

Branch	Dates Served	Rank	Location Served	Discharge Status

If extra room is needed, please add an extra piece of paper with the information.

70. List any disciplinary action taken against you in the National Guard or Reserves.

CREDIT HISTORY

71. List three commercial or business credit references (including bank or charge accounts) of firms you have borrowed money from for any purpose.

Name and Address of Firm	Type of Business	Amount Borrowed	Dates Opened and Closed

If extra room is needed, please add an extra piece of paper with the information.

72. Have you ever been sued? Yes _____ No _____ If yes, give the details.

73. List any outstanding debts and amounts. Include amounts in arrears.

Amount of Debt	Amount Now Owed	Name and Address of Loan Grantor	In Arrears? Yes/No

If extra room is needed, please add an extra piece of paper with the information.

74. Have you ever filed for bankruptcy? Yes _____ No _____

75. Have you ever filed Chapter 11 or 13? Have you ever filed Chapter 11 or 13? Yes _____ No _____ If yes to either, please explain, including date(s). _____

76. List your past and present addresses starting with the present first.

Dates	Address of Residence	City and State

If extra room is needed, please add an extra piece of paper with the information.

77. Are you currently buying your home? Yes _____ No _____

78. Do you own or are you buying any other real estate? Yes _____ No _____ If yes, give locations.

ACQUAINTANCES

79. List the following information of three adults, not related to you, and not former employers or references, who are friends, fellow students, or fellow workers.

Name	Complete Address	Home or Cell Phone	Business Phone

REFERENCES

80. List the names and information of **five** adults, not related to you, and not former employers, who have known you for more than five years. All persons to whom you refer will be asked to appraise your character, experience, personality, and other qualities.

Name	Complete Address	Home or Cell Phone	Business Phone
1.			
2.			
3.			
4.			
5.			

81. List person(s) to call in case of an emergency.

Name	Complete Address	Phone Number(s)

I certify that all facts contained in this application are true and complete to the best of my knowledge.

I understand that omission or misrepresentation of facts may be grounds for rejection of this application or for dismissal from employment if subsequently discovered.

I authorize investigation of all statements contained herein and of the references listed above to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing information to you.

I hereby understand and acknowledge that, unless otherwise modified through applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employees 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 consideration of my employment, I agree to comply with all rules, regulations, and employment policies of the employer, if I am hired.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

Please take the time to tell us how you heard about the opening at Fulton County Sheriff's Office.

Newspaper Advertisement, if yes, what newspaper? _____

Facebook _____

College Advisor, if yes, which college? _____

Other, please explain _____