



Ross Schultze  
Sheriff

APPLICATION FOR THE POSITION OF  
Deputy Sheriff - County of Washington, Illinois  
Washington County Sheriff's Office  
EQUAL OPPORTUNITY EMPLOYER

Date Received

For Official Use Only

- ☐ Full-Time Only
- ☐ Part-Time Only
- ☐ Full-Time or Part-Time

**INSTRUCTIONS:** Read every question carefully and ANSWER EACH QUESTION ACCURATELY. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practice, any deception or fraud in his application, in his examination, or in his appointment. If space provided is not sufficient for complete answers, or you wish to provide additional information, use the last page of this application and number answers to correspond with questions. Return completed applications to: Washington County Sheriff's Office, 245 N. Kaskaskia St.,

Nashville, IL 62263

**PERSONAL DATA**

1. Name: 

(Last)

(First)

(Middle)
2. List any other names, aliases you have used, or been known by, including maiden name if applicable: 

(Last)

(First)

(Middle)
3. Present address: 

(House number & Street Name)

(Apt No.)

(City) (State) (Zip Code)
4. Home telephone: Cell Phone:
- a) Email:
5. How long have you lived at this address?
6. Give your home address for the past ten years, excluding your present address: (Do not use rural route numbers or box numbers) (give month and year)

Dates

From – To

Address

City

State

Application for Deputy Sheriff

7 Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

8 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Month, day, year) (City and State)

9 Are you a U. S. Citizen? Yes ☐ No ☐

10 If a naturalized citizen, give date: \_\_\_\_\_

11 Social Security Number: \_\_\_\_\_

12 Are you (Check one) Single ☐ Married ☐ Widowed ☐  
Separated \_\_\_\_\_ Divorced \_\_\_\_\_  
(Date) (Date)

Wife's maiden name: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

13 Are you involved as a defendant or do you have a court judgment in effect?

Yes ☐ No ☐ If yes, state full details:

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14 Have you ever been convicted of a crime other than a parking violation? Yes ☐ No ☐  
If you answered yes, please provide information which explains the date, location, and nature of the offense:

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**EDUCATION**

15 List all schools, colleges and business schools attended.

NAME	ADDRESS (Including Street, City, State and Zip) (Starting with High School)	DATES From - To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16 Did you graduate and receive a High School Diploma? Yes ☐ No ☐

If yes, who issued the certificate? \_\_\_\_\_

If no, do you have a High School Equivalent Certificate? Yes ☐ No ☐

17 If you attended college, what was your major? \_\_\_\_\_

Your minor? \_\_\_\_\_ What degree, if any, was conferred? \_\_\_\_\_

18 Do you speak or read any language other than English?

Yes ☐ No ☐ Which language? \_\_\_\_\_

**EMPLOYMENT**

19 What is your present occupation: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

20 Are you now engaged in any business as an owner or partner (active or silent)?

Yes ☐ No ☐ If yes, give details: \_\_\_\_\_

21 Are you currently being considered for employment with any other police department?

Yes ☐ No ☐ If yes, give names of cities: \_\_\_\_\_

## Application for Deputy Sheriff

### 22 EMPLOYMENT HISTORY

List all jobs you have held for the last ten years, including periods of unemployment. Put your present or most recent job first. Include military service in proper time sequence; include temporary or part-time or volunteer jobs.

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1) Employer: \_\_\_\_\_ Phone # \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year  
Address: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_ Full Time ☐ Part Time ☐  
Your Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Your Duties: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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2) Employer: \_\_\_\_\_ Phone # \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year  
Address: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_ Full Time ☐ Part Time ☐  
Your Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Your Duties: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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3) Employer: \_\_\_\_\_ Phone # \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year  
Address: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_ Full Time ☐ Part Time ☐  
Your Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Your Duties: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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4) Employer: \_\_\_\_\_ Phone # \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year  
Address: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_ Full Time ☐ Part Time ☐  
Your Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Your Duties: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Application for Deputy Sheriff

23 May we check with your present employer? Yes ☐ No ☐

24 Were you ever discharged or asked to resign from any employment?

Yes ☐ No ☐ If yes, give details: \_\_\_\_\_

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25 Have you had any garnishee, wage assignment, or judgment against you?

Yes ☐ No ☐ If yes, give details: \_\_\_\_\_

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26 Have you ever declared bankruptcy? Yes ☐ No ☐ If yes, give details:

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**MILITARY SERVICE**

27 Have you ever served in any branch of the United States Military? Yes ☐ No ☐

If you answered yes, please list the branch, service serial number, highest rank held, and rank at discharge. Also provide a copy of your DD-214.

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28 Are you now or were you ever a member of any branch of the United States Reserve forces?

Yes ☐ No ☐

If you answered yes, please list status (active or inactive), the branch, unit, rank, address of branch and dates of service.

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29 Were you ever convicted in a Court Martial or were you the subject of a Summary Court, or any other disciplinary action? Yes ☐ No ☐

If yes, give details (include type of action, charge and disposition): \_\_\_\_\_

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Application for Deputy Sheriff

30 What is the terminal date of your reserve obligation? (Give month, day and year)

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31 Have you ever attended specialist schools while in the Armed Forces?

Yes

☐

No

☐

If yes, give type of schools:

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32 List any commendations and citations awarded to you as a member of the Armed Forces:

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33 Were you ever rejected by the Armed Services? Yes ☐ No ☐

If yes, for what reason:

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34 Give three references (NOT relatives, but responsible adults of reputable standing in their community) who have known you well in the past five years:

NAME

ADDRESS  
(Street, City, State & Zip)

TELEPHONE NO.

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**MISCELLANEOUS**

35 Can you type? Yes ☐ No ☐

36 How many years have you operated an automobile? \_\_\_\_\_

Were you ever involved in an accident while driving? Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

37 Were police reports made on these accidents? Yes ☐ No ☐

If yes, specify police agency: \_\_\_\_\_

38 Was your license ever suspended or revoked? Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

39 Explain your reason for applying for this position: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Application for Deputy Sheriff

Place the corresponding question number in the first space provide then continue with your response. Make additional copies of this page as needed.

[illegible]



Application for Deputy Sheriff

**AFFIDAVIT**

1 I have personally read and answered each and every applicable question herein, and do solemnly swear that each and every answer is full and correct in every aspect.

2 I have or will submit to fingerprinting, as required.

3 I will submit to a complete medical examination to be administered by a duly appointed physician, and further consent to the release of any medical history or information for the confidential use of the County of Washington, Washington County Sheriff's Office, or their assigned medical examiners.

4 I agree to submit to a polygraph (lie detector) examination.

5 I agree to submit to a psychological examination.

6 I agree to submit any and all information on my service career, if any, including DD214 form and military history during my tour of duty.

In witness whereof, I have hereunto subscribed my name this \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_

(City)

and State of \_\_\_\_\_.

\*Please note that this affidavit does not need to be notarized.

\_\_\_\_\_  
(Applicant's complete signature)

**\*\*\* IMPORTANT – PLEASE READ \*\*\***

**Note: A copy of your DD214 Form papers, if any, Birth Certificate, High School Diploma or GED certificate, Driver's License, and Firearm Owner's Identification Card (FOID), MUST accompany this application.**

## Application for Deputy Sheriff



### CONSUMER REPORTING AUTHORIZATION FORM

Equal Opportunity Employer

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

I authorize and empower the County of Washington, Washington County Sheriff's Office, any other law enforcement agency, any consumer reporting agency, or other outside service company engaged by said Agency for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living, through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request, I understand that said Agency/Sheriff's Office will provide me with information regarding the scope of the investigation if one is made.

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

\_\_\_\_\_  
Social Security Number

Application for Deputy Sheriff



EMPLOYMENT INFORMATION RELEASE

Equal Opportunity Employer

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

To Whom It May Concern:

I respectfully request that you forward or make available for review any and all information that you may have concerning me, my work record or my reputation to the Washington County Sheriff's Office. Also please give or make available for review any information that may appear in my personal file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Washington County Sheriff's Office.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above. Finally, a duplicate of this form shall carry the same force as the original.

\_\_\_\_\_  
Signature

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

Name: \_\_\_\_\_  
(Please Print)

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_