

# OFFICE OF THE SHERIFF



SHERIFF RICH STEVENSON  
MARION COUNTY, ILLINOIS

Employment Application

Marion County Sheriff's Office

AN EQUAL OPPORTUNITY EMPLOYER

204 NORTH WASHINGTON SALEM, ILLINOIS 62881  
PHONE: 618-548-2141 FAX: 618-548-0043 EMERGENCY 9-1-1

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TODD A. GARDEN, *LIEUTENANT*      KENNY BENZING, *JAIL ADMINISTRATOR*  
KEVIN CRIPPS, *SERGEANT*      SHANE KING, *SERGEANT*      ANTHONY DECKER, *SERGEANT*  
DALE EDDINGS, *SERGEANT*      BRYAN CARTER, *SERGEANT*      CLAYTON CARTER, *SERGEANT*

# MARION COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION PACKET

## GENERAL INSTRUCTIONS

- All of the answers must be *typed or hand-written* (in print)
- If a particular question does not apply to your situation, indicate by writing "N/A" on the appropriate line.
- If the space provided is insufficient for an answer, please use a separate sheet of paper, ensuring that the answer is referenced by the question number being answered.
- Do not *misstate* or *omit* any material facts as the information provided is used to substantiate and verify your qualification for employment.
- The applicant should return the completed application to:

Marion County Sheriff's Office  
204 N. Washington St  
Salem, IL 62881  
Attn: Merit Commission Testing

DATE: \_\_\_\_\_

Position applied for: \_\_\_\_\_  
(Deputy, Corrections, Communications, Other; Also Denote Full-Time or Part-Time)

## **PERSONAL INFORMATION**

Last Name(Include Maiden Name If Applicable):

\_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Telephone or number you can be reached: \_\_\_\_\_

Other Addresses \_\_\_\_\_

In Last 7 Years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PERSONAL INFORMATION (cont.)**

D.O.B. (Date of Birth): \_\_\_\_\_

Place of Birth (City/State): \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Hgt \_\_\_\_\_ Wgt \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Scars, Marks Tattoos \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Div. \_\_\_\_\_

Number of Children (if any) \_\_\_\_\_

Have you previously worked for Marion County Sheriff's Office? Y/N? \_\_\_\_\_

If yes, give position and date: \_\_\_\_\_

Veteran: \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch, Rank, and Service Dates: (attach discharge certificate \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Media Application(and Username): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been arrested or convicted of any criminal action, juvenile or adult? Y/N? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List all Traffic Offenses you have received tickets for in the last five years:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been booked into the any jail? Y/N? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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**EMPLOYMENT HISTORY**

**PRESENT OR LAST EMPLOYER:**

Employed by \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment:      From \_\_\_\_\_ to \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Duties or job requirements \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**2ND MOST RECENT EMPLOYER:**

Employed by \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment:      From \_\_\_\_\_ to \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Duties or job requirements \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**3RD MOST RECENT EMPLOYER:**

Employed by \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment:      From \_\_\_\_\_ to \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Duties or job requirements \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

(If any additional information is to be given in regard to previous employment please include that on a separate sheet of paper)

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**PERSONAL REFERENCES**

(Minimum of 5 Years Acquainted)

**REFERENCE 1:**

Name: \_\_\_\_\_ Yrs Acquainted: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business: \_\_\_\_\_

**REFERENCE 2:**

Name: \_\_\_\_\_ Yrs Acquainted: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business: \_\_\_\_\_

**REFERENCE 3:**

Name: \_\_\_\_\_ Yrs Acquainted: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business: \_\_\_\_\_

**WORK-RELATED INFORMATION**

Are you willing to work rotating shifts?: \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Are you willing to work weekends?: \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Are you willing to work holidays?: \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Are you willing to work overtime?: \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Are you willing to attend training programs related to your employment?: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

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**EDUCATION**

High School Graduate? Yes \_\_\_\_ No \_\_\_\_      GED Graduate? Yes \_\_\_\_ No \_\_\_\_

High School Attended (Name, City, State): \_\_\_\_\_  
\_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College/University(Years Completed): \_\_\_\_\_

Name Of College: \_\_\_\_\_

Location (City/State): \_\_\_\_\_

Course Of Study: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

List any additional training or education relating to Law Enforcement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Please provide any additional information about your personal history, work history, education, or other relevant category you feel may be beneficial to making a determination regarding your employment with the Marion County Sheriff's Office:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**MARION COUNTY SHERIFF'S OFFICE  
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**CERTIFICATION**

I certify that I have personally completed this application. I also certify that there are no omissions, falsifications, or misrepresentations in the information listed in this employment packet. All answers are true and correct to the best of my knowledge. I further understand that a background investigation will be conducted using the information provided to the Marion County Sheriff's Office and that if this application contains any falsifications, omissions, or misrepresentations, my employment will not be considered.

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

\_\_\_\_\_  
Date

**AUTHORIZATION TO OBTAIN INFORMATION**

I, \_\_\_\_\_ do hereby authorize the Marion County Sheriff's  
(PLEASE PRINT FIRST NAME, MIDDLE INITIAL, & LAST NAME)

Office to investigate and obtain full and complete information on my:

CRIMINAL	EMPLOYMENT
EDUCATION	MEDICAL
CREDIT	MILITARY SERVICE

History and to receive copies of all said information so recorded for purposes of employment, promotion, and/or discipline.

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

\_\_\_\_\_  
Date

The Marion County Sheriff's Office and the County of Marion are an Equal Opportunity Employer, hiring without regard to sex, race or age of those candidates certified by the Marion County Merit Commission.