

KENDALL COUNTY SHERIFF'S OFFICE APPLICATION



Kendall County Sheriff's Office
1102 Cornell Lane
Yorkville, IL 60560

Kendall County Sheriff's Office is an equal opportunity employer. We consider applicants for all position without regard to race, color, religion, creed, ancestry, gender, pregnancy, national origin, age, disability, genetic information, marital, military or veteran status, sexual orientation, or any other basis prohibit by federal, state and/or local laws, regulations and ordinances. We are committed to complying with the Americans with Disabilities Act. If an applicant requires a reasonable accommodation for purposes of completing the job application process, please contact the HR Manager of the Kendall County Sheriff's Office at 630-553-7500 or email us at SheriffHR@kendallcountyil.gov

(PLEASE PRINT)

Position Applied For		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative/Friend		
<input type="checkbox"/> Walk-in		<input type="checkbox"/> County Website		
<input type="checkbox"/> Sheriff's Office Social Media		<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name
Address		Street	City	State
Zip Code				
Telephone Number(s)				
Email Address				

- If hired, can you furnish proof that you are over 18 years of age? Yes No
- Have you ever filed an application with us before? Yes No
If Yes, give date _____
- Have you ever worked for Kendall County before? Yes No
If Yes, give date _____
- Are you able to perform the essential functions of this job with or without reasonable accommodations? Yes No
- Will you be able to work the position's required work hours? Yes No
- May we contact your current and previous employers? Yes No
- Are you legally authorized to work in the United States? Yes No
- On what date would you be available to start work? _____
- Are you available to work: Full Time Part Time Temporary Shift work
- Are you willing to take a drug test? Yes No
- Will you be able to work on-site? Yes No

EDUCATIONAL BACKGROUND

	Name and Address of School	Years Completed	Diploma/ Degree
High School			
Undergraduate College			
Graduate Professional			
Trade or Correspondence			
Other (Specify)			

Describe any specialized training, apprenticeship, skills and extra-curricular activities that may be relevant to the position.

Written Exam and Correctional Agility Test (C.A.T.)

Please select one date:

_____ Thursday, March 21, 2024 @ 5:30pm

_____ Saturday, March 23, 2024 @ 8:00am

(Please report to the Kendall County Sheriff's Office on the date and time chosen above)

To apply for the position of entry level corrections deputy there is a \$20 non-refundable fee made payable to the Kendall County Sheriff's Office by either check or credit. If paying by credit card go to AllPaid.com and choose Kendall County Sheriffs Office Application Fees (a004nv). List the transaction reference number from your payment receipt before mailing in the completed application. If paying by check please include it with your application.

Please mail or drop off completed application and payment to:

Kendall County Sheriff's Office

Attn: Corrections Application

1102 Cornell Lane

Yorkville, IL 60560

Credit Card

Transaction Reference Number:

(Office hours are Monday - Friday 8am - 4:30pm)

EMPLOYMENT EXPERIENCE

Please list the names of your present and previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time including military services and any period of unemployment. If self-employed, give business name and supply business references. (Add additional page if necessary.)

Employer		Dates Employed	Work Performed
Address		<u>From</u>	
Telephone Number(s)		<u>To</u>	
Job Title	Supervisor		
Reason for Leaving		May KCSO contact: Yes or No	

Employer		Dates Employed	Work Performed
Address		<u>From</u>	
Telephone Number(s)		<u>To</u>	
Job Title	Supervisor		
Reason for Leaving		May KCSO contact: Yes or No	

Employer		Dates Employed	Work Performed
Address		<u>From</u>	
Telephone Number(s)		<u>To</u>	
Job Title	Supervisor		
Reason for Leaving		May KCSO contact: Yes or No	

Employer		Dates Employed	Work Performed
Address		<u>From</u>	
Telephone Number(s)		<u>To</u>	
Job Title	Supervisor		
Reason for Leaving		May KCSO contact: Yes or No	

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

REFERENCES - Please list three references who are not your previous employers or relatives

NAME	ADDRESS	PHONE NUMBER

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

ACKNOWLEDGEMENTS AND DISCLAIMER

By signing my name below, I certify that all information I have provided on this application, in any other employment documents, and/or during my interview(s) in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient and just cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the Kendall County Sheriff's Office ("KCSO" or "employer"), its representatives, employees and agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, job interview, or any other documents that I submit during the application process. I waive any right I may have to be notified by any individuals and organizations named in this application prior to their release of any information to KCSO, and I hereby waive and release all claims, judgments, liabilities and damages (including, but not limited to attorneys' fees and costs) that I may incur or sustain as a result of the individuals' and organizations' release of information to KCSO. By signing my name below, I also hereby waive and release all claims, liabilities, judgments, and damages (including, but not limited to attorneys' fees and costs) against KCSO, Kendall County and their respective board members, elected officials, agents, employees and assigns that I may incur or sustain as a result of KCSO contacting and obtaining information from any individual, governmental body, employer, and/or other organization as part of this application process.

KCSO is an equal opportunity employer. I understand that KCSO does not discriminate against applicants and/or employees on the basis of race, color, religion, gender, national origin, age, disability, veteran status, sexual orientation, pregnancy, marital status, ancestry, military status, genetic information and/or any other basis prohibited by federal, state and/or local laws, regulations and ordinances.

I understand that this application remains current for only one year from the date KCSO receives my application. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application. I understand that certain information I provide to KCSO during the application process may be provided to the public as required by the Illinois Freedom of Information Act.

I also understand that if I am offered a position with KCSO, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. If I am offered a position with KCSO and I accept that position, I will be required to provide proof of identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard prior to performing any work for KCSO. Failure to provide such legally required information will result in withdrawal of the employment offer or termination of employment if already employed.

I understand that this employment application in no way creates a contract of employment, express or implied, with the Kendall County Sheriff's Office and/or Kendall County, Illinois. I further understand that, should an offer of employment be extended to me, such employment with KCSO is employment at will for no specified duration and may be terminated by either KCSO or me at any time subject to the terms of any applicable collective bargaining agreement. I understand that none of the documents, policies, procedures, actions or statements of KCSO or its representatives during the application process is deemed a contract of employment express or implied. I understand that no individual representative of KCSO has the authority to enter into any contract of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Kendall County Sheriff. In consideration for employment with KCSO, if employed, I agree to conform to the rules, regulations, policies and procedures of KCSO at all times and understand that such obedience is a condition of employment.

**BY SIGNING BELOW, I HEREBY CERTIFY THAT I HAVE READ AND AGREE TO ALL OF THE ABOVE.
BY SIGNING MY NAME BELOW, I ALSO HEREBY AFFIRM THAT ALL OF THE INFORMATION
PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

Signature of Applicant _____ Date: _____