SHERIFF NEAL ROHLFING
MONROE COUNTY SHERIFF'S OFFICE

Position: Deputy ☐ Corrections ☐ Communications ☐ Court Security ☐ Administrative ☐

A. APPLICANT IDENTIFICATION - Information provided in this section is used for identification purposes only

1. Name: _____ _____ _____
Last *First* *Middle*

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

_____

3. Address: _____ _____ _____ _____
Street *City* *State* *Zip Code*

4. Date of Birth _____ Social Security Number: _____

5. Telephone Number: _____ Driver's License Number _____

6. Gender _____ Race(s) _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

7. Place of birth: _____ _____ _____
City *County* *State*

8. Are you a U.S. Citizen? ☐ Yes ☐ No *If yes:* ☐ Native Born ☐ Naturalized
If "naturalized," give particulars _____

9. Are you authorized to work in the United States on an unrestricted basis? ☐ Yes ☐ No

10. Have you ever been convicted of a felony? ☐ Yes ☐ No

B. EDUCATIONAL HISTORY

	High School	City & State	Graduate?
1.	_____	_____	☐ Yes ☐ No
	_____	_____	☐ Yes ☐ No

2. College/University Attended _____
City & State _____
Major/Minor _____ *Degree Received, if any* _____

3. College/University Attended _____
City & State _____
Major/Minor _____ *Degree Received, if any* _____

4. College/University Attended _____

City & State _____

Major/Minor _____ *Degree Received, if any* _____

5. List other schools attended (trade, vocational, business, etc...). Give name and dates attended, course of study, certificate, and any other pertinent information.

_____

6. Were you ever suspended or expelled from any school? ☐ Yes ☐ No

If yes, explain _____

7. List other formal education beyond high school you may have, including special training courses:

_____

8. List any special licenses or certificates you hold or have held:

_____

C. EMPLOYMENT HISTORY

1. Have you ever taken a civil service exam? ☐ Yes ☐ No *If yes, please specify below.*

Agency	Date	Position on List	Status

2. Are you now on any eligibility list? ☐ Yes ☐ No

If yes, explain _____

3. Were you ever placed on a civil service list and not hired? ☐ Yes ☐ No

If yes, explain _____

4. Were you ever rejected for any service position? ☐ Yes ☐ No

If yes, explain _____

5. Have you ever been a law enforcement officer or held a similar position? ☐ Yes ☐ No

If yes, Position _____ Dates _____ Location _____

Position _____ Dates _____ Location _____

6. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation? ☐ Yes ☐ No

If yes, explain _____

7. Are you now, or have you ever been, engaged in any business as an owner, partner, or corporate member?
☐ Yes ☐ No If yes, explain _____

Beginning with your present or most recent job, list all employment since the age of 18, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. From _____ To _____ Employer _____
   Address: _____
   Phone Number _____ Job Title _____
   Supervisor _____ Name of a coworker _____
   Duties _____
   Reason for Leaving _____

2. From _____ To _____ Employer _____
   Address: _____
   Phone Number _____ Job Title _____
   Supervisor _____ Name of a coworker _____
   Duties _____
   Reason for Leaving _____

3. From _____ To _____ Employer _____
   Address: _____
   Phone Number _____ Job Title _____
   Supervisor _____ Name of a coworker _____
   Duties _____
   Reason for Leaving _____

4. From _____ To _____ Employer _____
   Address: _____
   Phone Number _____ Job Title _____
   Supervisor _____ Name of a coworker _____
   Duties _____
   Reason for Leaving _____

5. From _____ To _____ Employer _____
   Address: _____
   Phone Number _____ Job Title _____
   Supervisor _____ Name of a coworker _____
   Duties _____
   Reason for Leaving _____

INDICATE BY NUMBER(S) ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH FOR US TO CONTACT.

_____

D. SPECIAL QUALIFICATION & SKILLS

1. List any special licenses you hold (such as Paramedic, Pilot, Radio Operator, Scuba, etc...). Show licensing authority, original dates of issue, and date of expiration.

_____

2. List any specialized machinery or equipment that you can operate.

_____

3. If you are fluent in a foreign language, indicate in each area your level of fluency (Excellent, Good, Fair)

Language	Reading	Speaking	Understanding	Writing

4. Please use the space below to state why you want to work at the Monroe County Sheriff's Department. You should also state the special talents that you feel you would bring to the position. If you need more space, use a separate piece of paper.

E. REFERENCES - List five persons who you know well enough to provide current information about you. Do not list relatives or former employers.

1. Name _____ Years Known _____
   Home Address _____ Residence Phone _____
   City/State _____
   Business Address _____ Business Phone _____
   City/State _____

2. Name _____ Years Known _____
Home Address _____ Residence Phone _____
City/State _____
Business Address _____ Business Phone _____
City/State _____

3. Name _____ Years Known _____
Home Address _____ Residence Phone _____
City/State _____
Business Address _____ Business Phone _____
City/State _____

4. Name _____ Years Known _____
Home Address _____ Residence Phone _____
City/State _____
Business Address _____ Business Phone _____
City/State _____

5. Name _____ Years Known _____
Home Address _____ Residence Phone _____
City/State _____
Business Address _____ Business Phone _____
City/State _____

F. MEMBERSHIP IN ORGANIZATIONS (Past and/or Present)

Name and Address	Type (Social, Fraternal, Professional, etc...) Do not include religious or ethnic affiliations	From	To

G. TATTOOS

Do you have any tattoos? ☐ Yes ☐ No If yes, list location(s) on your body.

_____

H. PERSONAL DECLARATIONS

1. Have you ever made an application for employment with this or any other municipality? ☐ Yes ☐ No
If yes, give municipality, date(s), and status of application.

2. Have you ever used marijuana, cocaine, or any other illegal substances? ☐ Yes ☐ No

3. Have you ever abused prescription drugs? ☐ Yes ☐ No

4. Have you ever abused alcohol? ☐ Yes ☐ No

5. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer?
☐ Yes ☐ No If yes, explain

I. BACKGROUND INFORMATION - Information provided in the following sections will only be used for background checks if you are offered a position and will not affect your status as an applicant in any manner.

1. List every member of your immediate family who is still living; include father, mother, sisters, & brothers.

Name	Relationship	Address	Occupation

2. Are you: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Civil Union

3. Are you living with your spouse/civil partner? ☐ Yes ☐ No If no, explain

_____

4. Give the following information regarding your marriage/marriages/civil unions:

Date	Where	Spouse Maiden Name (if applicable)

5. If a marriage to which you were a party was ever dissolved, fill out the following:

	Explain	To Whom Was Action Granted?
Separated		
Divorced		
Annulled		

6. Are you paying alimony? ☐ Yes ☐ No If yes, explain _____

7. If divorced, list the name(s) of your previous spouse(s) and where he/she reside(s):

_____

_____

8. List below every child born to you or adopted by you, and stepchildren:

Name	Date of Birth	Place of Birth	Where does child live and with whom?

9. Are you now supporting all children born to you, adopted by you, and stepchildren? ☐ Yes ☐ No
If no, please explain fully _____

10. Have you ever been named as the natural father in a paternity proceeding? ☐ Yes ☐ No
If yes, please explain fully _____

11. Are you paying child support? ☐ Yes ☐ No
If yes, explain _____

J. FINANCIAL HISTORY

SOURCE OF INCOME

1. What is your present salary or wages? _____

2. Do you have income from any source other than your principal occupation? ☐ Yes ☐ No
If yes, how much? _____ How often? _____
The source? _____

3. Do you own any real estate? ☐ Yes ☐ No Value? $ _____
Location: _____

4. Do you own any bonds, government or other? ☐ Yes ☐ No Value? $ _____

5. Do you own any corporate stock? ☐ Yes ☐ No Value? $ _____

6. Do you have a bank account? ☐ Yes ☐ No

Savings: Average Balance: $ _____

Name and Address of Bank _____

Checking: Average Balance: $ _____

Name and Address of Bank _____

K. FINANCIAL OBLIGATIONS

Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and other debts and payments. Include account numbers were applicable. Use extra sheet if necessary.

Type	Name and Address of Creditor	Reason for debt or item purchased	Account Number	Total Balance	Monthly Payment

L. MILITARY RECORD

1. Have you served in the U.S. Armed Forces? ☐ Yes ☐ No

2. Date of Service: From _____ To _____ Branch of Service _____

3. Unit Designation _____ Military Service Record _____

4. Highest Rank Held _____

5. Type of Discharge and Rank at Discharge _____

6. Date and location of entrance to to active duty _____

7. Date and location of discharge _____

8. Period(s) of active service: From _____ To _____ From _____ To _____

9. List all draft classifications you have had (i.e., 1-A, etc...) _____

10. If you are not a veteran, list the following:
Local Board Number _____ Address _____

11. Are you now, or were you ever, a member of any branch of the U.S. Reserve Forces? ☐ Yes ☐ No
If yes, ☐ Active ☐ Inactive Branch _____ Unit _____ Rank _____
Address _____ From _____ To _____

12. Are you now, or were you ever, a member of the National Guard? ☐ Yes ☐ No
If yes, what state? _____ Regiment _____ Unit _____ Rank _____
Type of Discharge _____ From _____ To _____

13. Were you ever disciplined while in the Military Service? *(include court martial, captain's masts, company punishments in active service, reserve unit, or National Guard)* ☐ Yes ☐ No

Charge	Agency	Date	Disposition

14. Are you registered with the Selective Service? ☐ Yes ☐ No
If no, please explain: _____

M. RESIDENCE - List ALL addresses where you have lived during the past ten years, beginning with the present address. List date by month and year. Attach extra page if necessary.

From	To	Address

With whom do you live at your current address? List full names and relationships.

_____

N. CRIMINAL HISTORY

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

2. Have you ever been required to pay a fine in excess of $25 ☐ Yes ☐ No
If yes, explain _____

3. Have you ever been reported as missing person or runaway? ☐ Yes ☐ No
If yes, explain _____

4. Have you ever been the victim of a crime? ☐ Yes ☐ No

5. Have you ever been fingerprinted by a police agency other than for an arrest? ☐ Yes ☐ No

6. Are there any warrants, traffic or otherwise, now pending against you? ☐ Yes ☐ No
If yes, explain _____

7. Have you ever been arrested, detained by police, or summoned into court for anything other than a traffic violation?
☐ Yes ☐ No If yes, complete the following:

Offense Charge	Police Agency, City and State	Date	Disposition of Case

8. Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

O. TRAFFIC RECORD

1. Can you operate an automobile? ☐ Yes ☐ No

2. Do you possess a valid operator's license from any state in the U.S.? ☐ Yes ☐ No
If yes, date of expiration _____

3. Driver's License Number _____ State _____

4. Have you ever been refused an operator's or chauffeur's license in any other state? ☐ Yes ☐ No
If yes, please explain _____

5. Have you ever had an operator's or chauffeur's license in any other state? ☐ Yes ☐ No

6. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No
If yes, give dates, location, and reasons below:

_____

7. Has your license ever been placed on probation? ☐ Yes ☐ No

   If yes, please explain _____

8. List, to the best of your memory, all traffic citations you have received (excluding parking tickets).

Month and Year	Charge	City and State	Disposition

9. In a brief narrative, describe any traffic accidents in which you have been involved, giving approximate dates and locations:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the statements and answers to questions I have provided in this application. I am fully aware that any such willful misrepresentation, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

_____ _____

Signature of Applicant ***Date***

Affidavit & Authority to Release Information

I hereby acknowledge that the information contained in this application is true to the best of my knowledge, and having made application with the Monroe County Sheriff's Department, and desiring that they will be informed of my previous records and character, I hereby authorize investigation into all records which may be of interest to them. This authorization includes, but is not limited to medical, hospital, personnel records, school, juvenile and adult criminal records, military discipline records, whether privileged or not. This authorization to furnish information is executed in consideration of the Monroe County Sheriff's Department, giving my application consideration and shall serve as a release of liability to all parties furnishing such information to the Monroe County Sheriff's Department.

_____
Applicant Signature

STATE OF ILLINOIS)
) SS.
County of Monroe)

On this _____day of _____, 20_____, before me appeared _____ who being duly sworn deposes and says that he/she read the foregoing application, by him/her subsribed; that he/she understands the contents thereof; that the information given by him/her is true; and that he/she has been informed and understands that may false information given by him/her shall be cause for rejection from the department after appointment.

_____
Notary Public

The Following must be enclosed with this application:
1. Recent Photograph attached to the front page
2. Copy of your birth certificate
3. Copy of your college transcript confirming college requirement
4. Copy of military discharge (if applicable)
5. Copy of valid driver's license
6. Copy of social security card

NO ACTION WILL BE TAKEN BY THE DEPARTMENT ON APPLICATIONS RECEIVED THAT DO NOT CONTAIN THE ITEMS LISTED ABOVE, OR THAT CONTAIN UNANSWERED SECTIONS.