



**ADAMS COUNTY MERIT COMMISSION
APPLICANT TESTING FOR CORRECTIONS OFFICER
FOR ADAMS COUNTY SHERIFF'S OFFICE**

The Corrections Officer Selection Test will be given at the Adams County Courthouse, 5th & Vermont St. Quincy, Illinois in the Adams County Boardroom at **6:15 p.m. on Wednesday, November 16, 2022**. This written test measures important skills necessary to perform successfully in an entry level Correction Officer position. Please use the west door located on Vermont Street and be prepared to present photo identification. Testing should be completed no later than 8:00 p.m.

All applicants will be advised by letter of the results of their written test score by the Sheriff's Merit Commission.

The application packet, when completed, is to be mailed to Adams County Sheriff's Office, 535 Vermont St. Quincy, IL 62301, emailed to shester@co.adams.il.us, or dropped off at the Adams County Sheriff's Office. Background checks and interviews for the Corrections Officer position will be conducted by the Adams County Sheriff's Office.

Applicants wishing to be considered for lateral transfer must complete an application and submit it along with appropriate documentation certifying your current full-time status at another agency and your written request for lateral transfer.



APPLICATION FOR EMPLOYMENT

Adams County is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. Incomplete information may disqualify you from further consideration.

Date _____

APPLICANT INFORMATION				
Last Name	First	Middle Initial	Suffix	
Street Address	City	State	Zip	
E-mail Address		Primary Phone	Secondary Phone	
Are you legally eligible for employment in the U.S.? YES [] NO [] (If offered employment, you will be required to provide documentation to verify eligibility)				
Are you over 18 years old? YES [] NO []		Are you willing to relocate if the position requires residency in Adams County? YES [] NO []		
Do you have a valid Driver's License? YES [] NO []		I live in Adams County []		
POSITION				
Position Desired		Department	Date Available to Begin Work	
Are you able to perform the essential functions of this position, with or without a reasonable accommodation? YES [] NO []				
If no, please explain.				
Have you previously worked for Adams County before? YES [] NO []		If yes, please state department name and dates of employment.		
Are you related to anyone currently employed by Adams County? YES [] NO []		If yes, please state name and relationship.		
EDUCATION				
	Name and Location of School	Number of Years Completed	Degree/Major/Subject	Degree Obtained? Y/N
High School Diploma [] G.E.D. []				
College				
Graduate				
Other (specify)				

List all other special courses, seminars, skills, licenses or memberships related to the position for which you are applying (Omit any that may reveal your race, color, creed, gender, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status):

MILITARY SERVICE		
Dates of Service	Rank at Discharge	Training Received
Duties Performed		

EMPLOYMENT HISTORY	
Start with your current or most recent position (make extra copies of this page if needed).	
Name of Employer	Address (include Street, City, State, & Zip)
Position/Hours Per Week	Dates Employed From _____ To _____ (mm/yyyy) (mm/yyyy)
Supervisor Name and Title, Phone Number	May we contact this employer for a reference? YES [] NO [] If no, please explain.
Responsibilities	
Reason for Leaving	



ADAMS COUNTY

Name of Employer	Address (include Street, City, State, & Zip)
Position/Hours Per Week	Dates Employed From _____ To _____ (mm/yyyy) (mm/yyyy)
Supervisor Name and Title, Phone Number	May we contact this employer for a reference? YES [] NO [] If no, please explain.
Responsibilities	
Reason for Leaving	
Name of Employer	Address (include Street, City, State, & Zip)
Position/Hours Per Week	Dates Employed From _____ To _____ (mm/yyyy) (mm/yyyy)
Supervisor Name and Title, Phone Number	May we contact this employer for a reference? YES [] NO [] If no, please explain.
Responsibilities	
Reason for Leaving	



REFERENCES		
Please list the names of three professional references not related to you.		
Name	Relationship/Company Name	Contact Information (Phone or E-mail)
1.		
2.		
3.		

APPLICANT'S CERTIFICATION AND AGREEMENT	
<p>I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Adams County to verify their accuracy and to obtain reference information on my work performance. I hereby release Adams County from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.</p> <p>I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.</p> <p>I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.</p>	
Signature	Date



BACKGROUND CHECK AUTHORIZATION FORM

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Adams County and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Adams County or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Applicant Signature

Date

Application Background Information Form

Additional Background Check/Employment Information				
Have you ever gone by another name? If yes, please list	Social Security Number	Date of birth		
Are you a citizen of the United States? YES [] NO []	Driver's license number			
If you served in the military, what type of discharge did you receive?	If other than honorable military discharge, explain			
Have you ever been arrested or convicted of a violation of any criminal law? YES [] NO [] If yes, explain:				
Are you currently under investigation for violation of any criminal law? YES [] NO [] If yes, explain:				
Have you ever submitted an application for appointment to another police department? Yes [] No [] If yes, please explain:				
List all addresses that you have held for the last ten years starting with your current address.				
Address:	City:	State:	Zip Code:	
Address:	City:	State:	Zip Code:	
Address:	City:	State:	Zip Code:	
Address:	City:	State:	Zip Code:	
Driving History				
Has your license ever been suspended? Yes [] No [] If yes, please explain:				
Have you ever held a driver's license in another state? Yes [] No [] If yes, please list each state:				
Criminal History				
List all traffic citations you have received:				
Have you ever been fingerprinted by a police agency other than for arrest? Yes [] No [] If yes, please explain:				
Have you ever been placed on Probation?	Date:	Officer's Name/Probation Department:	City/ State:	Charge:
I certify that the facts set forth on this Background Investigation Form are true and complete. I understand that false statements may be considered sufficient cause for rejection.				
Signature			Date	



**CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND
RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

I hereby CONSENT to allow Adams County to take a specimen of my urine, and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, Adams County. In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Adams County, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Adams County, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Applicant Signature

Date