

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

**Test date & time to be determined**

The physical agility test will be given at Flinn Stadium, 4400 Maine Street, Quincy, Illinois beginning promptly at **8:00** a.m. Please plan on arriving at least 15 minutes prior for weigh-ins and turning in of forms. Wear appropriate attire for the physical testing process. Those who successfully pass the power test will be invited to take the written test. Individual physical testing requirements are listed on the last page of the application package. **The waiver and release of liability form and the power test form with name, gender, and age only should be completed prior to testing and turned in to the testing personnel at Flinn Stadium the day of the physical testing.**

The physical agility testing should be completed about **10:00** a.m. Only those individuals who pass the physical test will be allowed to take the written test.

The written test will be given at the Adams County Courthouse, 6<sup>th</sup> & Vermont St. Quincy, Illinois in the Adams County Boardroom on **Date & Time to be determined**. Please use the west door located on Vermont Street and be prepared to present photo identification. Written testing time should be completed around 12:30 p.m.

All applicants passing both the physical and written test will be sent a letter advising them of their written test results.

The Applicant Background Investigation Form, when completed, is to be mailed to Adams County Sheriff's Office or turned in to the Adams County Sheriff's Office, 535 Vermont St., Quincy, IL 62301.

**Applicants wishing to be considered for lateral transfer must complete the application and submit it along with appropriate documentation 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 <input type="checkbox"/> NO <input type="checkbox"/> (If offered employment, you will be required to provide documentation to verify eligibility)			
Are you over 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you willing to relocate if the position requires residency in Adams County? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have a valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>		I live in Adams County <input type="checkbox"/>	
POSITION			
Position Desired		Department	Date Available to Begin Work
Are you able to perform the essential functions of this position, with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, please explain.			
Have you previously worked for Adams County before? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please state department name and dates of employment.	
Are you related to anyone currently employed by Adams County? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please state name and relationship.	
EDUCATION			
	Name and Location of School	Number of Years Completed	Degree/Major/Subject
High School Diploma <input type="checkbox"/>			
G.E.D. <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/> 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:		
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:
Are you under indictment or information in any court for a felony, or any other crime for which the judge could imprison you for more than one year, or are you a current member of the military who has been charged with violation(s) of the Uniform Code of Military Justice and whose charge(s) have been referred to a general court-martial?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted in any court, including a military court, of a felony, or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:			
Are you a fugitive from justice?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution?    Yes <input type="checkbox"/> No <input type="checkbox"/>			



# ADAMS COUNTY

Have you ever been discharged from the Armed Forces under dishonorable conditions? Yes  No

Are you subject to a court order, including a Military Protection Order issued by a military judge or magistrate, restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? Yes  No

Have you ever been convicted in any court of a misdemeanor crime of domestic violence, or are you or have you ever been a member of the military and been convicted of a crime that included, as an element, the use of force against a person? Yes  No

Have you ever renounced your United States citizenship? Yes  No

Are you an alien illegally or unlawfully in the United States? Yes  No

Are you an alien who has been admitted to the United States under a non-immigrant visa? Yes  No

Are you an alien with an alien registration number (ARN) or 1-94? Yes  No

Are you a medical Marijuana registry card holder? Yes  No

Are you intellectually or developmentally disabled? Yes  No

Have you been admitted into the United States under a non-immigrant visa under the Immigration and Nationality Act? Yes  No

### 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.

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Applicant Signature

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Date



**WAIVER AND RELEASE OF LIABILITY  
ADAMS COUNTY SHERIFF'S OFFICE**

IN CONSIDERATION of the granting of my request to be permitted to take the Adams County Sheriff's Office *PHYSICAL ABILITY TEST*, I hereby waive any claim for injuries to my person that may arise out of my taking and participating in *PHYSICAL ABILITY TESTS* as administered by Adams County Sheriff's Office sworn personnel. As such applicant, I undertake to assume the risk of all dangerous conditions which may exist on the premises where the tests are administered or the equipment or facilities used, and waive notice of the existence of such conditions and rely on my inspection of the same.

IN FURTHER CONSIDERATION of my being permitted to take the *PHYSICAL ABILITY TESTS*, I hereby release the County of Adams, all its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or damage to my property while taking said *PHYSICAL ABILITY TESTS*.

I have read the foregoing and understand every word of this Release and Waiver.

AGREED TO AND ACCEPTED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

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

WITNESS: \_\_\_\_\_

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

Sworn Adams County Sheriff's Officers

I, \_\_\_\_\_, do hereby attest to the fact of being aware of my pregnancy and still choose to participate in this *PHYSICAL ABILITY TEST*. I release the County of Adams, all its employees and agents and the institution where the tests are given, its officers and employees from any claim, which I may have of any nature whatsoever and for any injuries to my person or to my unborn child.

## APPENDIX A Physical Fitness Standards

1. SIT AND REACH TEST: This is a measure of the flexibility of the lower back and upper leg area. It is an important area for performing police tasks involving range of motion and is important in minimizing lower back problems. The test involves stretching out to touch the toes beyond the extended arms from the sitting position. The score is in the inches reached on a yard stick with 15" being at the toes.

	MALE AGE	MALE AGE	MALE AGE	MALE AGE		FEMALE AGE	FEMALE AGE	FEMALE AGE	FEMALE AGE
TEST: Sit and Reach	20-29	30-39	40-49	50-59		20-29	30-39	40-49	50-59
1-14-91	16.0	15.0	13.8	12.8		18.8	17.8	16.8	16.3
<b>12-15-22</b>	<b>14.4</b>	<b>13.0</b>	<b>12.0</b>	<b>10.5</b>		<b>17.0</b>	<b>16.5</b>	<b>15.0</b>	<b>14.8</b>

2. ONE MINUTE SIT UP TEST: This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems.

	MALE AGE	MALE AGE	MALE AGE	MALE AGE		FEMALE AGE	FEMALE AGE	FEMALE AGE	FEMALE AGE
TEST: One Minute Sit Up Test	20-29	30-39	40-49	50-59		20-29	30-39	40-49	50-59
1-14-91	37	34	28	23		31	24	18	13
<b>12-15-22</b>	<b>33</b>	<b>30</b>	<b>24</b>	<b>19</b>		<b>24</b>	<b>20</b>	<b>14</b>	<b>10</b>

3. ONE REPETITION MAXIMUM BENCH PRESS: This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate.

	MALE AGE	MALE AGE	MALE AGE	MALE AGE		FEMALE AGE	FEMALE AGE	FEMALE AGE	FEMALE AGE
TEST: Bench Press	20-29	30-39	40-49	50-59		20-29	30-39	40-49	50-59
1-14-91	98%	87%	79%	70%		58%	52%	49%	43%
<b>12-15-22</b>	<b>88%</b>	<b>78%</b>	<b>72%</b>	<b>63%</b>		<b>51%</b>	<b>47%</b>	<b>43%</b>	<b>39%</b>

4. 1.5 MILE RUN: This is a timed run to measure the heart and vascular systems' capability to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and to minimize the risk of cardiovascular problems. The score is in minutes and seconds.

	MALE AGE	MALE AGE	MALE AGE	MALE AGE		FEMALE AGE	FEMALE AGE	FEMALE AGE	FEMALE AGE
TEST: 1.5 Mile Run	20-29	30-39	40-49	50-59		20-29	30-39	40-49	50-59
1-14-91	13:46	14:31	15:24	16:21		16:21	16:52	17:53	18:44
<b>12-15-22</b>	<b>14:00</b>	<b>14:34</b>	<b>15:24</b>	<b>16:58</b>		<b>16:46</b>	<b>17:38</b>	<b>18:37</b>	<b>20:44</b>

