



Hancock County Sheriff's Office

98 Buchanan St.

Carthage, IL 62321

Telephone: (217) 357-2115 Fax: (217) 357-3035



Scott M. Bentzinger
Sheriff

Jordan Hawes
Chief Deputy

APPLICATION

Date: _____ Position Applied For: _____

Name: _____
(Last) (First) (Middle)

Aliases: _____
(List any other names, aliases you have used, or been known by including maiden names)

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____

Address: _____
(Street)

(City) (State) (Zip)

Home Phone Number: _____ Cell Phone Number: _____

Name(s) and relationships of all persons residing with you at the above address: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Marital Status: _____

Do you wear glasses / Contacts? _____ Vision: _____ Corrected: _____

If Naturalized citizen, give particulars: _____

Are you authorized to work in the United States? () Yes () No If no, give particulars: _____

Have you ever applied for employment here before? () Yes () No When: _____

When could you start? _____

List every member of your immediate family who is still living. Include father, mother, brother(s) and sister(s)

Name	City / State	Relationship	Occupation

MEDICAL HISTORY

Do you currently use alcohol to excess? () Yes () No

Have you ever been treated for any nervous or mental disorder? () Yes () No

If "yes" explain: _____

Do you now use any drugs or medications? () Yes () No

Have you ever received disability compensation from Workman's Compensation Act? () Yes () No

Have you ever been hospitalized? () Yes () No

If "Yes" explain: _____

Hospital	Date	Purpose
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(Optional) If you wish to clarify any of the above answers, please provide details below: _____

ILLEGAL DRUG USE

Have you ever used marijuana? () Yes () No

Have you ever used any illegal drugs other than marijuana: () Yes () No

Do you currently use any narcotics or barbiturates? () Yes () No

Have you ever been involved with the sale and/or distribution of any illegal substance or drug? () Yes () No

(Optional) If you wish to clarify any of the above answers, please provide complete details below: _____

EDUCATION

List the various schools you have attended and other information requested. Use additional sheets if needed.

High Schools

Name and address of school (City and State)	Years Completed
Average Grade _____ Did you graduate? _____ Dates Attended _____	

Name and address of school (City and State)	Years Completed
Average Grade _____ Did you graduate? _____ Dates Attended _____	

College

Name and address of school (City and State)	Years Completed
Average Grade _____ Did you graduate? _____ Dates Attended _____	

Name and address of school (City and State)	Years Completed
Average Grade _____ Did you graduate? _____ Dates Attended _____	

Name and address of school (City and State)	Years Completed
Average Grade _____ Did you graduate? _____ Dates Attended _____	

Were you ever expelled from any schools? () Yes () No

If "Yes" explain: _____

Can you speak any languages other than required English? () Yes () No

Language(s): _____ Degree of Proficiency: _____

List any professional license you hold or have held: _____

DRIVING HISTORY

Can you operate an automobile? () Yes () No

Do you possess a valid Illinois Driver's License? () Yes () No

Driver's License Number: _____ Expiration Date: _____

Are there any traffic violations pending now against you? () Yes () No

If "Yes" Location _____ Date: _____

Nature of Violation: _____

Disposition: _____

Violation #2 :

Location: _____ Date: _____

Nature of Violation: _____

Disposition: _____

Have you ever been refused a driver's license by any state? () Yes () No

If "Yes" explain: _____

Have you ever had a driver's license in any other state? () Yes () No If "Yes" which state? _____

Has your driver's license ever been suspended, revoked or placed on probation? () Yes () No

If "Yes" explain: _____

RESIDENCES

List your address for the last 10 years, starting with the present address first. Use additional sheets if necessary.

Address	City, State, Zip	From (Mo/Yr)	To (Mo/Yr)	Own/Rent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MILITARY SERVICE

Have you ever served in any military organization of the USA? () Yes () No If "Yes" continue:

Branch: _____ Service Serial Number: _____

Highest Rank Held: _____ Rank at discharge: _____

Last period(s) of active service:

Dates (To and from): _____

Give location and date of entrance to active duty: _____

Give location and date of discharge: _____

What type of discharge did you receive? Medical General Honorable Dishonorable

Other: _____

Were you ever a defendant in a court martial hearing? () Yes () No

If "Yes" explain on a separate sheet? If "Yes" explain: _____

Are you now or were you ever a member of any branch of the US Reserve Forces? () Yes () No

If "Yes" continue:

Active/Inactive: _____ Branch: _____

Unit: _____ Rank: _____

Address: _____

From (Mo/Yr): _____ To (Mo/Yr): _____

Are you now, or were you ever a member of the National Guard? () Yes () No What State? _____

Regiment: _____ Unit: _____ Rank: _____

Address: _____

From (Mo/Yr): _____ To (Mo/Yr): _____

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense: () Yes () No

If "Yes" explain: _____

Date: _____ Jurisdiction: _____

Offense: _____

Court and Case Number: _____ Disposition of case: _____

Are you now on probation after a conviction? () Yes () No

If "Yes" explain: _____

Have you ever been fingerprinted by a police agency other than for an arrest? () Yes () No

If "Yes" continue

Date	Agency	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY

Are you currently employed? () Yes () No May we contact your present employer? () Yes () No

Are you now on any eligibility lists? () Yes () No

If "Yes" where? _____

Have you ever been a police officer or held a similar position? () Yes () No

EMPLOYMENT HISTORY CONTINUED

If "Yes" please advise position, date and location: _____

Were you ever discharged or asked to resign? () Yes () No

If "Yes" explain: _____

Are you now, or have you ever been engaged in any business as an owner, partner, or corporate member?

() Yes () No

If "Yes" please advise dates and names of business:

List all jobs you have held for the last 10 years. Start with your present or most recent job first. Include military service and unemployment in proper time sequence. Use additional sheets if necessary.

1. Employer: _____ Type of business: _____

Address: _____

Name and Title of Supervisor: _____ Phone: _____

From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____

Title or Position: _____ Duties: _____

Reason for Leaving: _____

2. Employer: _____ Type of business: _____

Address: _____

Name and Title of Supervisor: _____ Phone: _____

From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____

Title or Position: _____ Duties: _____

Reason for Leaving: _____

3. Employer: _____ Type of business: _____

Address: _____

Name and Title of Supervisor: _____ Phone: _____

From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____

Title or Position: _____ Duties: _____

Reason for Leaving: _____

4. Employer: _____ Type of business: _____

Address: _____

Name and Title of Supervisor: _____ Phone: _____

From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____

Title or Position: _____ Duties: _____

Reason for Leaving: _____

5. Employer: _____ Type of business: _____

Address: _____

Name and Title of Supervisor: _____ Phone: _____

From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____

Title or Position: _____ Duties: _____

Reason for Leaving: _____