

LEE COUNTY SHERIFF'S OFFICE
www.leecountyil.com

JOHN C. SIMONTON

LEE COUNTY SHERIFF
sheriff@countyoflee.org

240 E. Progress Dr.
DIXON, ILLINOIS 61021
Phone: 815-284-6631

DAVID GLESSNER
Chief Deputy
dglessner@countyoflee.org

MATTHEW FRYE
Lieutenant
mfrye@countyoflee.org

DEVON GUGERTY
Office Manager
dgugerty@countyoflee.org

BUSINESS OFFICE/CIVIL PROCESS

Phone: 815-284-5217
Fax: 815-284-1146

Lee County Sheriff's Office Employment Application

Position Applying For _____

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Have you ever been known by another name: Yes No

If yes, please provide name: _____

Current Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email address: _____

County of Lee

Are you currently employed by the County of Lee: Yes No

If yes, in what capacity: _____

Have you previously been employed by the County of Lee: Yes No

If yes, in what capacity: _____

Are any of your relatives employed by the County of Lee: Yes No

If yes, in what capacity: _____

Have any of your relative's previously been employed by the County of Lee: Yes No

If yes, in what capacity: _____

CORRECTIONS/WARRANTS
Phone: 815-284-5222
Fax: 815-288-4335

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Jail Superintendent
olawson@countyoflee.org

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Chief Bailiff
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Education

High School name/address: _____ Dates Attended: _____
High School name/address: _____ Dates Attended: _____
High School name/address: _____ Dates Attended: _____

Graduated: Yes No GED Equivalent: Yes No

College/University name/address: _____ Dates Attended: _____
Course of Study: _____ Graduated/Degree: Yes No
College/University name/address: _____ Dates Attended: _____
Course of Study: _____ Graduated/Degree: Yes No
College/University name/address: _____ Dates Attended: _____
Course of Study: _____ Graduated/Degree: Yes No

Training

List any other types of training / education you feel is related to the position being applied for:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

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Employment History

Present Employment Name/Address of Employer: _____
Title: _____ Dates of Employment: _____ through: _____
Supervisor: _____ Supervisor Contact Information: _____
Job Duty Description: _____ Reason for Leaving: _____

Previous Employment Name/Address of Employer: _____
Title: _____ Dates of Employment: _____ through _____
Supervisor: _____ Supervisor Contact Information: _____
Job Duty Description: _____ Reason for Leaving: _____

Previous Employment Name/Address of Employer: _____
Title: _____ Dates of Employment: _____ through _____
Supervisor: _____ Supervisor Contact Information: _____
Job Duty Description: _____ Reason for Leaving: _____

Previous Employment Name/Address of Employer: _____
Title: _____ Dates of Employment: _____ through _____
Supervisor: _____ Supervisor Contact Information: _____
Job Duty Description: _____ Reason for Leaving: _____

Personal References

Please provide three references (not related to you, our previous employers)

Name: _____ Address: _____
Telephone Number: _____ Email Address: _____

Name: _____ Address: _____
Telephone Number: _____ Email Address: _____

Name: _____ Address: _____
Telephone Number: _____ Email Address: _____

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Immediate Family Profile

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Occupation: _____

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Occupation: _____

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Occupation: _____

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Occupation: _____

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Occupation: _____

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Occupation: _____

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Residence History

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____
Dates of Residency: _____ through _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____
Dates of Residency: _____ through _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____
Dates of Residency: _____ through _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____
Dates of Residency: _____ through _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____
Dates of Residency: _____ through _____

Military History

1. Have you ever served in the United States Military: Yes No
 - a. If yes, which branch of the military: _____
2. Were you ever discharged from the United States Military: Yes No
 - a. If yes, what type of discharge did you receive: _____
3. Are you, now or ever a member of the United States Reserves or National Guard: Yes No
 - a. If yes, which branch: _____
4. Were you ever discharged from the United States Reserves or National Guard: Yes No
 - a. If yes, what type of discharge did you receive: _____

Misc. History

1. Have you ever been terminated from a job: Yes No
 - a. If yes, explain the reason for termination: _____
2. While driving a vehicle were you ever involved in a traffic accident: Yes No

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Misc. History (Continued)

a. If yes, explain the nature of the accident (date/location) _____

3. Have you ever been charged or convicted of a criminal offense: Yes No

a. If yes, explain the nature of the offense (date/location/) _____

4. Have you ever been placed on probation for a criminal offense: Yes No

a. If yes, explain the nature of the probation (date/location) _____

5. Have you ever been suspended or expelled from school: Yes No

a. If yes, please explain the nature of the incident (date/location) _____

6. Are you currently on any police/fire eligibility lists: Yes No

a. If yes, indicate what agencies: _____

7. Has your driver's license ever been suspended, revoked or otherwise canceled in this, or any other state?

Yes No

a. If yes, indicate which state(s) _____

8. Do you have or have you ever possessed a Medical Marijuana Card in any state. Yes No

a. If yes, please indicate which state(s): _____

9. Do you have or have you ever possessed a Concealed Carry Permit in any state: Yes No

a. If yes, please indicate which state(s): _____

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Required Documentation

Please make copies of all the requested documents and attach them to your completed application

1. Driver's License
2. Social Security Card
3. High School Diploma or G.E.D Equivalent
4. College/University Diploma (if applicable)
5. Military Discharge Form DD-214 (if applicable)
6. Law Enforcement Certification (if applicable)
7. Corrections Certification (if applicable)

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Applicant Authorization

I authorize and empower the Lee County Sheriff's Office, and/or the Lee County Sheriff's Merit Commission, to obtain, prepare, use, and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics, mode of living, and both juvenile and adult criminal history or traffic violation records, through correspondence or personal interviews with neighbors, friends, or associates or others with whom I am acquainted or who may have knowledge concerning any of the above information; or through any other normal investigative means.

Applicant Signature _____

Date _____

Attest

I hereby swear and affirm that each statement and all information in or supplementing this application is complete, true and accurately recorded to the best of my knowledge. I understand that providing false, misleading, and/or incomplete information on this application is grounds for exclusion from the selection process or discharge if discovered subsequent to employment.

Applicant Signature _____

Date _____

All applications and/or resumes will be open to public inspection unless requested in writing to be kept confidential. Discrimination on the basis of race, color, nation of origin, sex, age, religion or handicap is prohibited.

The Lee County Sheriff's Office is an Equal Opportunity Employer

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