



RECORDS CLERK

APPLICATION REQUEST AND RELEASE

I, (*print your name*) _____, hereby state that I wish to apply for employment at the Peoria County Sheriff's Office. I understand that as part of the application process I am to provide the following documents to the Peoria County Sheriff's Office:

Copies of the REQUIRED documents:

- 1.) Your birth certificate;
- 2.) High school diploma (or GED)
- 3.) And (if applicable) further education;
- 4.) Proof of honorable discharge from active military service (if applicable) preferably a copy of your DD 214.

I UNDERSTAND ANY ORIGINALS SUBMITTED WILL NOT BE RETURNED

Some form of picture identification, such as a driver's license, will be required at examinations.

I fully understand that my failure to submit all the required documentation and the fully completed application may result in my disqualification as a candidate for employment as a Peoria County Records Clerk.

I understand that, if I am hired by Peoria County Sheriff's Office, I will be required to live within a 35 mile radius of the 4-way stop in Kickapoo IL. If I do not at the time of hire, I agree to move into this area within one year from the date of hire.

NAME: _____
Signature

Address

City / State / Zip Code

Phone (s)

E-mail address

**Race *Requested by County EEO / Affirmative Action Committee for Monitoring Programs*

DATE: _____

POSITION

RECORDS CLERK

SALARY

\$30,596.80

| | |
|-----------------|--|
| DUTIES - | <p>Receives cash taken from arrested individual's money for bonds, inmate accounts, and insurance mail; verifies amounts; puts cash in safe; and enters amounts in inmate account. Issues insurance, money, and clothing receipts. Responsible for proper security and maintenance of cash and entry of money to accounts. Performs paperwork review and completion and identifies money in inmate account. Assists members of the public with reports, bonds and warrants. Processes served and recalled warrants, and hit confirmation for law enforcement personnel. Contacts Circuit Clerk to verify validity of warrants. Processes new warrants. Completes record checks and mug shot checks on new warrants received. Prepares reports for walk in citizens, phone in reports, takes requested vacation checks and accident copies from citizens, and collects fees for proper response for Freedom of Information Act requests. Obtains records and data from other agencies and compiles requested information from various outside agencies, departments, and individuals. Maintain statistics, reports, and jail population records, including updates of arrest and release information and Freedom of Information Requests, both manually and via data entry, as assigned. Makes copies, and disburse to appropriate parties. Also, enters all tickets, jail incidents, missing persons, sex offenders, alias, gang entry, dog bites, runaways, stolen articles, property and vehicles, and visitors to inmates; inputting appropriate data into the LEADS, as needed. Retrieve files for attorneys visiting clients. Enters police reports, warrants, and writs into computer system utilizing various software programs. Monitor and interact with inmate visitors. Assists with religious service procedures. Provides direction and/or training for new employees, volunteers, and part-time records clerks, as needed. Answers switch board, route all calls, and takes messages. Receives medications for inmates. Logs and stores according to established procedures. Sorts and distribute mail. Passes out pay checks. Maintains over-time book. Writes sick slips and notifies appropriate personnel to ensure shift strength for patrol. Download mug shot identification information. Assists with photo-lineups, as needed. May be called upon to testify in court. Provides inmate information or records over the phone or by fax or mail to various appropriate parties per Sheriff's department guidelines. Incumbent is in contact with Sheriff's Department personnel, other law enforcement personnel, attorneys, other agencies, inmates, and the public. Attends training and meetings as required by the Sheriff's Department. Other duties as assigned.</p> |
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REQUIREMENTS: APPLICANT MUST BE:

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|----|---|
| 1. | Over the age of 18 |
| 2. | A high school graduate or equivalent |
| 3. | A resident of Peoria County, or willing to relocate to Peoria County within one year from the date of employment. |
| 4. | Able to pass a written examination, polygraph, medical examination, and/or other tests as required |

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APPLICANT MUST:

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| 1. | Turn in completed application to the Peoria County Sheriff's Office at 301 N Maxwell Rd, Peoria IL 61604. Must include the signed Application Request And Release form. Applicants are encouraged to turn in completed applications as soon as possible. |
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APPLICATION MUST INCLUDE THE FOLLOWING:

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| 1. | Copy of Birth Certificate |
| 2. | Copy of High School diploma (or GED) |
| 3. | Proof of further education, if applicable |
| 4. | Copy of proof of honorable discharge from active military service (if applicable), preferable a copy of DD 214 |

PEORIA COUNTY SHERIFF'S OFFICE

Instructions: Fill out this application completely and accurately. All statements made in your application will be subject to verification. If you need additional space to respond to a particular question, use the space at the end of the application and number your response. Note those questions that do not apply to you by writing "N.A." for "not applicable".

| | |
|-----|---|
| 1. | Name (Last, First and Middle): |
| | |
| 2. | List any other name you have been known by, including maiden name of aliases: |
| | |
| 3. | Address: (Street, City, State, County, Zip Code) |
| | |
| 4. | Home Telephone Number: |
| | |
| 5. | Social Security Number: |
| | |
| 6. | Who lives with you at the above address: List full names and their relationship to you: |
| | |
| | |
| 7. | Date of Birth: |
| | |
| 8. | Place of Birth (City and State): |
| | |
| 9. | Sex |
| | |
| 10: | Height |
| | |
| 11. | Weight |
| | |
| 12. | Hair Color |
| | |
| 13. | Eye Color |

| 14. | List any scars, birthmarks, identifying marks, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---|------------------|--------------|------------------|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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| 15. | Are you a citizen of the United States? If naturalized citizen, give details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized Citizen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | List each member of your immediate family who is still living. (Include parents and siblings.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%;"><thead><tr><th style="width: 25%;">Name</th><th style="width: 25%;">Relationship</th><th style="width: 25%;">Complete Address</th><th style="width: 25%;">Occupation</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> | Name | Relationship | Complete Address | Occupation | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | Relationship | Complete Address | Occupation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 17. | Do you use narcotics or barbiturates? If yes, give details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 18. | Do you use alcohol habitually? If yes, give details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 19. | Are you prone to bouts of dizziness, blackouts, or seizures which would render you incapacitated? If yes, give details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 20. | Marital Status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. | If married, are you living with your spouse currently? If no, explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 22. | Give information below regarding all marriages: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | Date of Marriage | Location of Marriage | Wife's Maiden Name | Marriage ever Dissolved | Type of Dissolution | Phone Number of Ex |
|-----|--|----------------------|--------------------|-------------------------|---------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 23. | Are you currently paying alimony or child support? Explain: | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | | | | | |
| | | | | | | |
| 24. | If divorced, list the names of your previous spouses and where they reside: | | | | | |
| | | | | | | |
| | | | | | | |
| 25. | List below every child born to you, adopted by you, or stepchildren: | | | | | |
| | Name | Date of Birth | Place of Birth | Lives with | Town or Residence | Phone # |
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| 26. | Are you now supporting all children listed above? If no, explain: | | | | | |
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| | | | | | | |
| 27. | Have you ever been involved as a defendant in a paternity proceeding? If yes, explain: | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
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EDUCATIONAL BACKGROUND

| 28. | Name of School | Address of School | Number of Years | Dates Attended | Graduate | Grade Average |
|-----|----------------|-------------------|-----------------|----------------|----------|---------------|
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| 29. | List other special training you have received or professional licenses or certifications you hold or have held: |
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| | |
| 30. | Were you ever expelled or suspended from any school? If yes, give details: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
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DRIVING HISTORY

| | | |
|-----|--|--|
| 31. | Can you operate an automobile? | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | |
| 32: | Do you have an Illinois Driver's License? | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Date of Expiration: | |
| | Driver's License # : | |
| | | |
| 33. | Has your license ever been suspended or revoked or placed on probation? If yes, explain: | |
| | | |
| | | |
| | | |
| | | |
| 34. | Have you ever possessed a Driver's License in another State? If yes, where? | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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PLACE OF RESIDENCE

| | | | | | |
|-----|---|----|----------------------|------|-------|
| 35. | List your address for the last ten years, starting with your present address: | | | | |
| | From | To | Address of Residence | City | State |
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| 36. | Current Residence: | | | | |
| | <input type="checkbox"/> Own <input type="checkbox"/> Rent | | | | |
| | Do you own other real estate? If yes, give location: | | | | |
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| 37. | If Renting, Name, address and Phone Number for the Landlord | | | | |
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MILITARY SERVICE

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|-----|--|--|--|--|--|
| 38. | Have you ever served in the U. S. Military? | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | If yes, What branch of the Service? | | | | |
| | | | | | |
| | Highest rank held: | | | | |
| | | | | | |
| | Your rank at discharge: | | | | |
| | | | | | |
| | What is your service serial number: | | | | |
| | | | | | |
| | List period of active service and location of entrance to active duty: | | | | |
| | | | | | |
| | List date and location of discharge: | | | | |
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| | What type of discharge did you receive? |
| | |
| | Were you ever convicted at a court martial? If yes, explain: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| | |
| 39. | Are you now or were you ever a member of the U. S. Military Reserves or National Guard? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list dates, branch, unit, rank: |
| | |
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| | |
| 40. | Were you ever subject to disciplinary action in the reserves or national guard? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, explain: |
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CRIMINAL HISTORY

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|-----|---|
| 41. | Have you ever been fingerprinted by a police agency other than for an arrest? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, explain: |
| | |
| | Have you ever been the victim of a crime: If yes, explain: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| | |
| | |
| | Was this crime reported to the police? If so, Report Number and Agency |

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| | Have you ever been required to pay a fine in excess of \$25.00? If yes, explain: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
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| | |
| | Have you ever been placed on probation? If yes, explain and list what County |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| | |
| | Have you ever been arrested and convicted? If yes, explain: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 42. | Has any member of your immediate family ever been convicted for a serious crime? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, explain: |
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| 43: | List all traffic citations you have received, with date, nature of violation and outcome of case: |
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| 44. | Are there any warrants, traffic, or other, now pending against you? If yes, explain: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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EMPLOYMENT HISTORY

| 45. | List all jobs held for the last ten years in sequence, including periods of unemployment. List more recent jobs first. Include temporary or part-time jobs. | | | | | | | | |
|--|---|-------------------|------------------|---------|-------|--------|-------|------|--|
| Employer's Name | Employer's Address | Supervisor's Name | Type of Business | Phone # | Dates | Salary | Title | Left | |
| <i>Please place a * by the name of any employer you do not wish us to contact.</i> | | | | | | | | | |
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| 46. | Have you ever taken a civil service exam? If yes, give details: | | | | | | | | |

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| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | |
| | Are you now on any eligibility list? If yes, give details: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| | |
| | Were you ever rejected for any civil service position? If yes, give details: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| 47. | List length of time you have received unemployment compensation, or other Federal, State or local benefits assistance: Also, list type of assistance. |
| | |
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| | |
| 48. | Are you now or have you ever been engaged in any business as an owner, partner or corporate member? If yes, give details: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | |
| 49. | Were you ever discharged or asked to resign because of misconduct or unsatisfactory service or while under investigation? If yes, give details: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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CREDIT HISTORY

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|-----|--|-----------------|---------|--------|-------------|----------|
| 50. | List three commercial or business credit references (include bank accounts and loans): | | | | | |
| | Name of Firm | Address of Firm | Phone # | Amount | Date Closed | Comments |
| | | | | | | |
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| 51. | Have you ever filed for bankruptcy? If yes, give details: | | | | | |

| | | | | | |
|-----|--|-----------------------------|---------|--------------------|----------|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | | | | | |
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| 52. | Have you ever been sued? If yes, explain: | | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | | | | | |
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| 53: | List outstanding debts, amounts and whether this amount includes an arrearage: | | | | |
| | Amount | Owed to: Name | Address | Length of Payments | Comments |
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REFERENCES

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|-----|--|---------|------------|------------|------------|-------------|
| 54. | List the names of five adults , not related to you, and not former employers, who have known you for a period of preferably more than five years. Persons listed may be asked to appraise your character, ability, experience, personality and other qualities: | | | | | |
| | Name | Address | Home Phone | Work Phone | Occupation | Years Known |
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RELEASE OF AUTHORIZATION

The undersigned, for and in consideration of being allowed to participate in the pre-employment examination process for criminal justice agency employment by the Peoria County Sheriff's Office, hereby releases and discharges the County of Peoria, a body politic and corporate, its officers, employees, and agents, of and from any and all claims, demands, causes of action and liabilities to me, my heirs and my assigns, which may result for any and all losses and damages arising wholly or partially as a result of the examinations, and/or any pre-employment background investigations conducted by and for the Peoria County Sheriff's Office.

The undersigned authorizes the release of medical, military, educational, credit, criminal history, and personal information from all sources to the County of Peoria for use in any pre-employment background examination.

Dated at Peoria, Illinois this _____ day _____, 20_____

Signature: _____

Printed Name: _____



PEORIA COUNTY SHERIFF'S OFFICE



Prison Rape Elimination Act (PREA) Duty to Disclose

In compliance with the Prison Rape Elimination Act of 2003, the Peoria County Sheriff's Office maintains a Zero Tolerance policy with regard to sexual assault, sexual abuse and sexual harassment of any person. It is mandatory that you answer the following questions regarding Hiring and Promotion Decisions.

1. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
Yes _____ No _____
2. Have you ever been criminally convicted or been given deferred adjudication for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
Yes _____ No _____
3. Have you ever been civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
Yes _____ No _____
4. Have you ever engaged or attempted to engage in any sexual abuse or harassment incidents including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature?
Yes _____ No _____

Your signature confirms the above information is true and correct. Further, you understand and agree you have a continuing affirmative duty to disclose any such sexual assault, abuse, or harassment to ACRJ (See Questions 1-4) in writing. In addition, your signature below authorizes disclosure upon inquiry to another agency.

Giving false information or omissions regarding such misconducts shall be grounds for disciplinary action up to termination or not being hired. Ignorance of the policies of the Peoria County Sheriff's Office is not a defense for violating such policies.

Applicant/Employee Name (Print): _____

Applicant/Employee Signature: _____ Date: _____

*****FOR OFFICE USE ONLY*****

LEADS/NCIC Criminal History completed by: _____ Badge# _____ Date: _____

Former employer background check(s) completed by: _____ Badge# _____ Date: _____

Employee's Personnel File Reviewed By: _____ Badge# _____ Date: _____

Comments _____

Superintendent (or Designee) approval: _____ Badge# _____ Date: _____