

KNOX COUNTY SHERIFF'S AUXILIARY DEPUTY

APPLICATION

(Please type or print)

General Information

Name: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Driver's License # : _____ State: _____

SSN: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____ Sex: _____

Marital Status: _____ Children: _____ Ages: _____

If paying Child Support is it current? _____ U.S. Citizen: _____ Illinois resident: _____

Education

Do you have high school diploma / GED _____ From where: _____

Number of years of higher education: _____ Where: _____ Degree: _____

Do you have a 40 hour mandatory firearms training certificate from the State of Illinois: _____

Date Certified: _____

List any special training: _____

Medical Information

Have you been hospitalized in the last year: _____ Where: _____ Reason: _____

Doctor's Name: _____ Allergies: _____ Blood Type: _____

Do you have any of these medical problems, if so explain:

Back: _____, Heart: _____, High Blood Pressure: _____, Diabetes: _____ Seizures: _____

Do you take medication for other than cold or flu: _____ Have you been tested for HIV _____

Explain above and list any physical defects: _____

Military Service

Branch: _____ Type of Discharge: _____ Date: _____ Rank: _____

Employment

Present

Employer: _____ Shift: Worked: _____ Hours/week: _____

Previous Employment : (List in order starting with most recent)

<u>Place</u>	<u>From-----To</u>	<u>Reason for leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal References (3)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Arrest Record

Felony-Misdemeanor-Traffic

Charge	Disposition	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

All of the above information is correct to the best of my knowledge. I understand that the Knox County Sheriff's Auxiliary Deputy Force is strictly a volunteer organization and do not expect to be compensated monetarily for any of the work I perform for the organization. I understand and agree to submit to a drug screening, medical exam or a polygraph test at the request of the Sheriff or I will voluntarily resign from the Knox County Sheriff's Auxiliary Deputy Force upon refusal of any of the requests.

Signature of Applicant: _____ Date: _____
(Mail Application to Knox County Sheriff Department, 152 S. Kellogg St. Galesburg, Il 61401----
Attention Knox County Auxiliary Chief)

Official Use Only
Background check by: _____ Date: _____

Sheriff's Approval: _____ Date: _____

