

**Knox County Sheriff's Snowmobile S.R.T.**  
**Application**  
(Please Print or Type)

**General Information**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers License # \_\_\_\_\_ St \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Sex \_\_\_\_\_ Marital Status: S Wid. Div Married Children \_\_\_\_\_ Ages \_\_\_\_\_

Are you paying Child support? Y N Child support Current? Y N

Are you a citizen of the U.S.? Y N Are you an Illinois Resident? Y N How long?

**Education**

Do you have a high school diploma/GED? \_\_\_\_\_ From where? \_\_\_\_\_

Number of years higher education: \_\_\_\_\_ From where? \_\_\_\_\_

Do you have a 40 hr mandatory firearms certificate from the state of Illinois? \_\_\_\_\_

Date Certified \_\_\_\_\_

List any specialized training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rank \_\_\_\_\_ Years of service? \_\_\_\_\_

## Medical Information

Have you been hospitalized in the last year? \_\_\_\_\_ Where? \_\_\_\_\_

Reason \_\_\_\_\_ Doctors name: \_\_\_\_\_ Allergies \_\_\_\_\_

Do you have back problems? \_\_\_\_\_ Explain: \_\_\_\_\_

Do you have?  
Knee problems? \_\_\_\_\_ Heart problems? \_\_\_\_\_ High blood pressure? \_\_\_\_\_ Seizures? \_\_\_\_\_

Diabetes? \_\_\_\_\_ Strokes? \_\_\_\_\_ Vision? \_\_\_\_\_ Explain: \_\_\_\_\_

Do you take any medications other than for cold/flu? \_\_\_\_\_ Explain: \_\_\_\_\_

Type of medication? \_\_\_\_\_

List any physical defects:

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## Employment

Present employer: \_\_\_\_\_ Shift worked: \_\_\_\_\_ Hrs/wk \_\_\_\_\_

Previous employment: (List in order of most recent)

Place \_\_\_\_\_ from / to \_\_\_\_\_ reason for leaving \_\_\_\_\_

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## Personal Reference

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone number \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## Arrest Record

(Please include any and all TRAFFIC- MISDEMEANOR – FELONY arrests)

Charge \_\_\_\_\_ Disposition \_\_\_\_\_ Date \_\_\_\_\_

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Reference release of liability

I, \_\_\_\_\_, respectfully request that you forward to the Knox County Sheriff's Department, Galesburg, Illinois any and all information that you have concerning me, my work, or my reputation. This includes any information that may appear in my personnel file, criminal conviction records, or other confidential files or records. This information will be used to determine my qualification and fitness for being a member of the Knox County Sheriff Department's Snowmobile Search and Rescue Team ( SRT ).

I hereby release you and /or your employer from any liability and /or damage of whatever nature due to the furnishing of such information requested above. A copy of this release is as valid as the original signed REFERENCE RELEASE OF LIABILITY even though the copy does not contain my original signature.

Legible Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Certification

I hereby certify that all answers on my application are true and understand that any false statements contained in this application may cause rejection of this application and termination as a member of the Knox County Sheriff Department's Snowmobile SRT and shall constitute gross misconduct for benefit eligibility. I understand that an incomplete application may results in a termination from the K.C.S.D. Snowmobile SRT.

I authorize the Knox County Sheriff's Department to contact my current employers and personal references listed on my application to verify employment, work records, and suitability for membership in the K.C.S.D. Snowmobile SRT, and to investigate personal, criminal or other areas, such as personal contact with neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living.

I understand that this application is not a contract of employment. I understand that any oral or written statement to the contrary is expressly disavowed.

I understand that the K.C.S.D. Snowmobile SRT is strictly a volunteer organization and do not expect to be compensated monetarily for any work I perform for the organization.

Legible Signature \_\_\_\_\_ Date \_\_\_\_\_

Official use only
Background checked by: _____ Date _____
Sheriff's Approval: _____ Date _____