

# Office of the Douglas County Sheriff

920 S. Washington St., P. O. Box 438, Tuscola, IL 61953

**Sheriff-Joshua Blackwell**

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Chief Deputy  
Steve Pollum

(217) 253-3511  
(217) 253-2913

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the execution of this form, I, \_\_\_\_\_, authorize the Douglas County Sheriff's Office to conduct an investigation into all aspects of my qualifications and background. I also authorize any individual, organization, or agency which maintains records relating to me to provide these records on request to the Douglas County Sheriff's Office conducting such an investigation. This authorization includes, but is not limited to, employment records, credit records, and criminal history records. The intent of this authorization is to give my consent to full and completed disclosure of criminal records, driver's license records, internal investigation records, military records, records of educational and financial institutions, employment and pre-employment records, background reports, efficiency ratings, and complaints. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I authorize the Douglas County Sheriff's Office and its deputies to provide copies any records obtained pursuant to this release to any person(s) who are authorized to participate in the vetting of my qualifications and a background for employment purposes. I further release the Douglas County Sheriff's Office, its deputies and designees under this release, from any and all liability which may be incurred as a result of furnishing such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (First, Middle, Last)

\_\_\_\_\_  
Maiden Last Name, Married name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

To process this form, the following information has been requested by the Douglas County Sheriff's Office.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Sex/Race

\_\_\_\_\_  
Email Address

**DOUGLAS COUNTY SHERIFF'S OFFICE APPLICATION**

*The Douglas County Sheriff's Office considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

1. Applicant Information

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Emergency Contact

Who should be contacted if you are involved in an emergency?

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

3. Job Position Applied For: \_\_\_\_\_

4. Salary Desired: \$\_\_\_\_\_ per \_\_\_\_\_

5. How did you become aware of this job?

6. Have you applied to our agency previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Are you at least 21 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. When necessary, are you available to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

11. Applicant's Skills

List any skills, to include language skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

<u>Skill</u>	<u>Years of Experience</u>	<u>Ability Rating</u>
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

12. Applicant Employment History

List your current or most recent employment first.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

13. Applicant's Education and Training

College/University Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

High School/GED Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate school, technical school, vocational school):

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Award, Honors, Special Achievements:

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Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

#### 14. References

List any two people who would be willing to provide a reference for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

15. Please provide any other information that you believe should be considered:

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