



Application for The Lake County Sheriff's Auxiliary Deputy Unit

COMPLETE OR CHECK AS REQUIRED

Personal Information						
Name: _____						
	First	Middle	Last		E-Mail	
Address: _____ (____) ____ - ____ / ____ / ____						
	Street	City	State	Zip Code	Home / Cell Phone	Date of Birth
Person to Contact in Emergency: _____ (____) ____ - ____						
	Name:	Address:		Phone:	Relationship:	
Education (Check Highest Level Completed)						
High School/GED <input type="checkbox"/>		College <input type="checkbox"/>		Graduate School <input type="checkbox"/>		
Name and Location of Schools Attended	Dates Attended		Major Subject(s)	Degree or Certificate and Date of Graduation		
	From	To				
High School						
College(s)						
Business, Technical or Certificate Programs						
Professional Registrations(s), and/or Certificate(s) related to law enforcement, public safety or emergency management (include dates):						

List three references (not related to you) who are qualified to give an opinion of your character and abilities:

Name:	Address:	Phone # () -
_____	_____	_____ - _____
Name:	Address:	Phone # () -
_____	_____	_____ - _____
Name:	Address:	Phone # () -
_____	_____	_____ - _____

EXPERIENCE - Please account for all employment within the last eight years, beginning with your current or most recent employer. In addition, please indicate any other experience that you feel is relevant to the position for which you are applying (e.g. volunteer experience, military experience, etc.) Attach an additional sheet if extra space is needed. NOTE: All sections of this application must be completed even if resume is attached.

<i>Present Employer</i>		Firm Name: _____	Job Title: _____
From: _____	To: _____	Address: _____	Describe your Duties: _____
Phone Number: _____		Employer's Business: _____	
		Supervisor's Name: _____	
		Supervisor's Title: _____	
<i>Previous</i>		Firm Name: _____	Job Title: _____
From: _____	To: _____	Address: _____	Describe your Duties: _____
Phone Number _____		Employer's Business: _____	
		Supervisor's Name: _____	
		Supervisor's Title: _____	
<i>Next Previous</i>		Firm Name: _____	Job Title: _____
From: _____	To: _____	Address: _____	Describe your Duties: _____
Phone Number: _____		Employer's Business: _____	
		Supervisor's Name: _____	
		Supervisor's Title: _____	
<i>Next Previous</i>		Firm Name: _____	Job Title: _____
From: _____	To: _____	Address: _____	Describe your Duties: _____
Phone Number: _____		Employer's Business: _____	
		Supervisor's Name: _____	
		Supervisor's Title: _____	

READ CAREFULLY BEFORE SIGNING

I understand that my signature below and the information I have provided establishes no obligation on the part of the county or its agencies to employ me. There has been no implied or expressed guarantee that my completion of this application will necessarily result in my employment. I authorize Lake County or their agent to make any investigation and receive information relevant to my suitability for employment. I agree that if any misrepresentation has been made by me or the results of such investigations are not satisfactory in the judgment of Lake County, any offer of employment may be withdrawn or my employment terminated immediately without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I further authorize any of my references, employers, schools, or military authorities to furnish information requested by Lake County and thereby release all such information on record to Lake County.

Please sign here: _____ - _____ - _____
Applicant Signature Social Security # Date

Name: _____

 First Middle Last Social Security #

Address: _____

 Street City State Zip Code Date of Birth

In order to comply with federal regulations in the area of Equal Opportunity Employment, employers must have data available on applicant flow patterns (41 CFR 60-2.12, 60-741.5, 60-250.5). For this reason, we would appreciate your voluntary cooperation in providing the following information. This information will be treated confidentially and will not result in adverse treatment of any individual. This information may be provided to government officials investigating our contract compliance status.

- Male Black, African-American American Indian or Alaskan Native
 Female Hispanic
 White, Caucasian Asian or Pacific Islander

In compliance with the Americans with Disability Act of 1990, please complete.

a. I have read and understand the essential functions of the job as described on the posted position description? Yes
 Explain: No

b. Do you need any assistance or auxiliary aids in *applying* for the job? Yes
 Explain: No

c. Do you need any assistance or auxiliary aids to *perform* the job? Yes
 Explain: No

Veteran? Yes

 Dates of Enlistment No

Are you a citizen of the United States? Yes No
 If you are not a citizen of the United States, have you the legal right to work in the United States? If hired, you will be required to provide documentation of your eligibility. Yes No

Have you ever been employed by Lake County? Yes No
 If yes: _____

Date Department Position

Have you ever been convicted of an offense other than a minor traffic violation? (Do not include convictions while a minor and/or convictions sealed by Court order.) If so, please state nature of offense(s), date(s), city, state, and disposition. A conviction record is not an automatic bar to employment. The nature, recency, and disposition of an offense will be considered only as it relates to the job for which you are applying. Yes No

Do you have a valid driver's license? Yes No

 State #

How did you hear about the Auxiliary Deputy Unit?
 Web Site Auxiliary Deputy Brochure
 Advertisement or Article (please give name of publication)

Other _____

ORAL INTERVIEW

Date	Reviewer Name	Comments

REFERENCE CHECK

Date	Name of Reference	Checked By	Comments

BACKGROUND INVESTIGATION

Date	Type Background Check	Comments

LAKE COUNTY IS AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER. WOMEN, MINORITIES AND INDIVIDUALS WITH DISABILITIES ARE ENCOURAGED TO APPLY. NO APPLICANT FOR EMPLOYMENT SHALL BE DISCRIMINATED AGAINST BECAUSE OF AGE, RACE, COLOR, RELIGION, SEX, MARITAL STATUS, NATIONAL ORIGIN, OR DISABILITY.

OFFICE OF THE SHERIFF

LAKE COUNTY ILLINOIS

JOHN D. IDLEBURG
SHERIFF
LARRY E. OLIVER
UNDERSHERIFF



25 S. Martin Luther King,
Jr. Avenue
Waukegan, Illinois 60085
(847) 377-4000
(847) 360-5796 FAX

To: Prospective Auxiliary Deputy Candidate

From: Auxiliary Deputy Unit Commander

Subject: Pre-application Questionnaire

Welcome to your first step in exploring the possibilities of joining one of Illinois' unique organizations. The Lake County Sheriff's Auxiliary Deputy Unit is a volunteer organization. Even so, not everyone can be an Auxiliary Deputy. This type of unpaid work is not for everyone. But if you meet the basic qualifications, have the drive, dedication and ambition, you can be a member of this elite organization.

Applications for membership are accepted year-round. However, the Recruit Basic Training Course (the prescribed course of instruction) is conducted in the fall. The dates are to be determined, but typically begin in December.

Listed below are the minimum qualifications, requirements and important information about the unit that is necessary for the prospective candidate to know in order to be considered for a position within the unit. Please read and check off the statements below. Sign and date this form and turn it in with your completed application.

- The Lake County Sheriff's Auxiliary Deputy Unit is a volunteer organization and does not receive compensation for duties performed.
- Auxiliary Deputy Unit is an unarmed capacity.
- You must be a legal resident of Lake County, Illinois in order to be a member of the unit.
- You must have a minimum of a High School/GED diploma.
- You must be a minimum of 21 years old.
- You must be a Citizen of the United States.
- You must not have a criminal record.
- Auxiliary Deputies are expected to contribute a minimum of 150 hours of actual duty (not including meetings or training) over the course of a year.

- ☐ Most of the duties performed by Auxiliary Deputies are conducted on weekday evenings, weekends and on holidays.
 - Auxiliary Deputies are often required to be in uniform and related equipment that ways upwards of 20 pounds for long periods of time in all types of weather.
 - Auxiliary Deputies must be capable of lifting, carrying, and moving equipment weighing up to 25 pounds on a regular basis.

- ☐ Auxiliary Deputy Candidates are required to attend a prescribed course of instruction as determined by the Sheriff of Lake County.
 - Training typically commences in December, ending in April. Training classes are normally held either Friday night or Saturday during the day. However, training may occur on other days as dictated by instructor availability.
 - Certain aspects of the training course are physically demanding and require strenuous exertion.
 - **All candidates are required to be exposed to OC (pepper) spray during the training course.**

- ☐ The unit is limited to 50 members. Once completing the required course of instruction, the Auxiliary Deputy Candidate will be placed on an eligibility list (ranked based on academic performance).

- ☐ When pulled from the eligibility list, the Auxiliary Deputy Candidate is sworn in as a Probationary Auxiliary Deputy for a one-year period.

- ☐ Once successfully completing all training and the one-year probationary period, candidates are considered full Auxiliary Deputies.

If you have any questions, please feel free to contact me. Completed applications may be sent to the below address.

Sgt. Robert Briggs
 Auxiliary Deputy Unit Commander
 1301 North Milwaukee Avenue
 Libertyville, Illinois 60048
 rbriggs@lakecountyil.gov
 (847) 377-4000

Applicant's Printed Name

Applicant's Signature

Date