



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

ORAL INTERVIEW

| Date | Reviewer Name | Comments |
|------|---------------|----------|
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| | | |
| | | |
| | | |

REFERENCE CHECK

| Date | Name of Reference | Checked By | Comments |
|------|-------------------|------------|----------|
| | | | |
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| | | | |
| | | | |

BACKGROUND INVESTIGATION

| Date | Type Background Check | Comments |
|------|-----------------------|----------|
| | | |
| | | |
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| | | |

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 weighing 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.

John Doherty
 Auxiliary Unit Deputy Chief
 1301 North Milwaukee Ave
 Libertyville, IL 60048
 sdadunitcmd@lakecountyil.gov

Applicant's Printed Name

Applicant's Signature

Date