

EMERGENCY
9-1-1
NON-EMERGENCY
(618) 684-4215
ADMINISTRATION
(618) 687-3822



Jackson County
SHERIFF'S
OFFICE
Sheriff Robert D. Burns
1001 Mulberry Street, Murphysboro, Illinois 62966

CIVIL PROCESS / RECORDS
(618) 687-2223
INVESTIGATIONS
(618) 687-1303
JAIL
(618) 687-2292

Employment Application

Position: Full Time: Part Time:

Last Name: First Name: Middle Name:

Address: City: State: Zip:

Phone Number: Drivers License Number: State:

Email:

YOUR EMAIL ADDRESS MUST BE LEGIBLE. EMAIL IS THE ONLY METHOD OF COMMUNICATION BY WHICH YOU WILL RECEIVE TESTING INFORMATION.

Height: ft. in. Weight: lbs. Date of Birth:

Are you between the ages of 21 and 65 years of age: Yes No

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has been sealed or expunged?

Yes No

If "yes" provide details below.

Note: A criminal conviction will not automatically exclude you from employment.

Education Information

Elementary:

School Name:

City:

State:

Highest Grade Completed:

Did you graduate: Yes

No

High School:

School Name:

City:

State:

Highest Grade Completed:

Did you graduate: Yes

No

College / University:

School Name:

City:

State:

Major:

Degree:

Number of Years:

School Name:

City:

State:

Major:

Degree:

Number of Years:

School Name:

City:

State:

Major:

Degree:

Number of Years:

School Name:

City:

State:

Major:

Degree:

Number of Years:

Other:

Employment Information

List all former employers, beginning with the most recent.

1. Employer Name:

Address:

City:

State:

Dates of Employment

Zip:

Phone Number:

Start:

End:

Supervisor's Name:

Job Title:

Work Description:

Reason for Separation:

2. Employer Name:

Address:

City:

State:

Dates of Employment

Zip:

Phone Number:

Start:

End:

Supervisor's Name:

Job Title:

Work Description:

Reason for Separation:

3. Employer Name:

Address:

City:

State:

Dates of Employment

Zip:

Phone Number:

Start:

End:

Supervisor's Name:

Job Title:

Work Description:

Reason for Separation:

4. Employer Name:

Address:

City:

State:

Dates of Employment

Zip:

Phone Number:

Start:

End:

Supervisor's Name:

Job Title:

Work Description:

Reason for Separation:

5. Employer Name:

Address:

City:

State:

Dates of Employment

Zip:

Phone Number:

Start:

End:

Supervisor's Name:

Job Title:

Work Description:

Reason for Separation:

Military Service

Have you ever been a member of the United States Military? Yes

No

Dates of Active Duty:

If "yes" what branch?

Start:

End:

Rank at Discharge:

Discharge Date:

Does your military service have any relationship to the position you are applying for? If so, how?

Professional References

First Name: Last Name: Occupation:
Address: City: State:
Zip: Phone Number:

First Name: Last Name: Occupation:
Address: City: State:
Zip: Phone Number:

First Name: Last Name: Occupation:
Address: City: State:
Zip: Phone Number:

Personal References

First Name: Last Name: Occupation:
Address: City: State:
Zip: Phone Number:

First Name: Last Name: Occupation:
Address: City: State:
Zip: Phone Number:

First Name: Last Name: Occupation:
Address: City: State:
Zip: Phone Number:

Other

Please list any and all current or former employees of the Jackson County Sheriff's Office who you would know and state your relationship.

First Name:	Last Name:	Relationship:
First Name:	Last Name:	Relationship:
First Name:	Last Name:	Relationship:
First Name:	Last Name:	Relationship:

Please describe any previous experiences that would relate to the position that you have applied for:

I hereby declare that the information provided in this application is true, complete and accurate. I understand that if employed, a misstatement or omission of fact herein will be considered cause for dismissal. I further understand that I will be required to furnish proof of any statements made herein if employed and that any falsification or omission on this application is grounds for termination of my eligibility and/or employment.

Upon completion, save and email this application to JCSO-Employment@jacksoncounty-il.gov

Date Submitted: