

RELEASE AGREEMENT

I, _____, HEREBY ACKNOWLEDGE THAT I AM AWARE OF AND AGREE WITH A POLICY OF THE LAKE COUNTY SHERIFF'S OFFICE MERIT COMMISSION AND THE PARTICIPATING LAW ENFORCEMENT AGENCIES THAT UPON BEING FORMALLY HIRED, I WILL BE REMOVED FROM ANY AND ALL OTHER CANDIDATE ELIGIBILITY LISTS OF ITS MEMBER AGENCIES. THIS REMOVAL FROM CONSIDERATION SHALL BE FOR A PERIOD OF THE LIFE OF THAT (THOSE) LIST (S) UPON WHICH I WAS PLACED.

I FURTHER AUTHORIZE THE DEPARTMENT BY WHICH I AM HIRED TO NOTIFY ANY OTHER DEPARTMENT TO WHICH I HAVE APPLIED OF THIS SITUATION.

Signature

Date

WITNESS:

EQUAL OPPORTUNITY EMPLOYERS - M/F

Name: _____ Social Security #: _____

Address: _____
(number & street) (city) (state) (zip)

Telephone: _____

We must obtain racial and sex identification from all candidates who will be taking part in this process to comply with federal, state, and local regulations requiring that we assess the impact of these selection tests on all racial and sex subgroups. This information is for statistical validation and in no way will it adversely effect a candidate's credentials in this evaluation process. Please check the appropriate boxes to indicate your race and sex.

___ White (Caucasian)

SEX:

___ Black

___ Male

___ Spanish-surnamed American

___ Female

___ Oriental American

___ Native American (American Indian)

___ Other (Specify)

WAIVER AND RELEASE
OF LIABILITY

IN CONSIDERATION of the granting of my request to be permitted to take the Lake County Sheriff's Office Merit Commission examinations and particularly that portion thereof known as the P.O.W.E.R. Test, I hereby waive any claim for injuries to my person that may arise out of my taking and participating in P.O. W.E.R. Tests as administered by the Lake County Sheriff's Office Merit Commission. As such applicant I undertake to assume the risk of all dangerous conditions which may exist on the premises where the tests are administered or in the equipment or facilities used, and waive notice of the existence of such conditions and rely on my inspection of the same.

IN FURTHER CONSIDERATION of my being permitted to take the P.O.W.E.R. Tests, I hereby release the State of Illinois and Lake County, all its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or damage to my property while taking said tests.

I have read the foregoing and understand every word of this Release and Waiver.

AGREED TO AND ACCEPTED this _____ day of _____,
20____.

Name

Address

City

WITNESS:

Administrative Aide

CONSUMER REPORTING AUTHORIZATION FORM

LAKE COUNTY SHERIFF'S
OFFICE MERIT COMMISSION

I AUTHORIZE AND EMPOWER THE LAKE COUNTY SHERIFF'S OFFICE MERIT COMMISSION, ANY CONSUMER REPORTING AGENCY, OR OTHER OUTSIDE SERVICE COMPANY ENGAGED BY SAID ORGANIZATION FOR THIS PURPOSE, NOW OR SUBSEQUENTLY, TO OBTAIN, PREPARE, USE, AND FURNISH INFORMATION CONCERNING MY CURRENT AND FORMER EMPLOYMENT, EDUCATION, CREDIT, GENERAL REPUTATION, HEALTH, PERSONAL CHARACTERISTICS AND MODE OF LIVING, THROUGH CORRESPONDENCE OR PERSONAL INTERVIEWS WITH NEIGHBORS, FRIENDS OR ASSOCIATES OR OTHERS WITH WHOM I AM ACQUAINTED OR WHO MAY HAVE KNOWLEDGE CONCERNING ANY OF THE ABOVE ITEMS.

FURTHER, I UNDERSTAND THAT PORTIONS OF ANY INFORMATION FURNISHED TO THE LAKE COUNTY SHERIFF'S OFFICE MERIT COMMISSION PURSUANT TO THIS AUTHORIZATION FORM OR ANY INFORMATION RESULTING FROM EXAMINATIONS I HAVE TAKEN PURSUANT TO THIS EMPLOYMENT PROCESS MAY BE VIEWED BY AUTHORIZED PERSONNEL FROM THE LAKE COUNTY SHERIFF'S OFFICE FOR THE LIMITED PURPOSE OF EMPLOYMENT CONSIDERATION.

UPON WRITTEN REQUEST, I UNDERSTAND AND AGREE THAT SAID ORGANIZATION WILL PROVIDE ME WITH INFORMATION REGARDING ONLY THE SCOPE AND NOT THE SPECIFICS OF THE INVESTIGATION, IF ONE IS MADE

(Signature)

(Date)

CONSENT TO BACKGROUND AND CREDIT HISTORY

I, _____, have been informed that part of the background investigation contemplated by the Lake County Sheriff's Merit Commission may include a credit history check. Equifax, a consumer reporting agency, will conduct this credit history check and may be contacted by telephone at 1-800-944-5000. I hereby consent and authorize the Lake County Sheriff's Merit Commission, its agents, and or assigns, to conduct a background investigation and to request a report of my credit history. I acknowledge that I have been advised of my creditor's rights, as follows:

"Applicant has the right under federal law, on request and the presentment of proper identification, to obtain from the above-named consumer reporting agency the following disclosures:

- (1) The nature and substance of all information in its files (except medical information) on you at the time of the request.
- (2) The sources of the information.
- (3) The creditors to whom the consumer reporting agency has furnished reports within the six-month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished to you, and you may be accompanied by one other person of your choosing when you visit the agency. If you are accompanied by another person, he or she must furnish reasonable identification, and the agency may require you to furnish a written statement granting permission to the agency's personnel to discuss your file in the other person's presence.

Federal law provides three methods by which you may obtain these disclosures from the consumer reporting agency: (1) You may appear in person at the agency during normal business hours and on reasonable notice to the agency, provided you furnish reasonable identification. (2) You may receive the information by telephone, provided you have first made written request of the agency to obtain disclosures by this means. You must pay any toll charge involved, and may be required to provide proper identification. (3) If the consumer credit reporting agency was responsible in any way for the denial of credit to you, you may obtain from the agency an explanation in writing free of charge.

I agree and consent to the release of such credit information to the Lake County Sheriff's Merit Commission.

APPLICANT'S NAME

DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Lake County Sheriffs Office. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the above department.

I hereby authorize any representative of the Lake County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Lake County Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Lake County Sheriff's Office to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examination, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records and your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with the authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Lake County Sheriffs Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Lake County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Lake County Sheriff, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Lake County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper

authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Lake County Sheriff's Office in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 6 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges for fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

SIGNED: _____

ADDRESS _____

TELEPHONE #: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

Discrimination Prohibited

EQUAL EMPLOYMENT OPPORTUNITY IS THE LAW

DISCRIMINATION PROHIBITED	EQUAL EMPLOYMENT OPPORTUNITY
<p>Title VI of the Federal Civil Rights Act of 1964 provides under Sec. 601 that: "NO PERSON IN THE UNITED STATES SHALL, ON THE GROUND OF RACE, CREED, OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL .FINANCIAL ASSISTANCE."</p>	<p>Title 28 of the Code of Federal Regulations, 42.201; et seq., sub-part D, prohibits discrimination on the grounds of race, color, creed, or national origin, in the employment practices of law enforcement agencies and other agencies or offices of states or units of general local government administering, conducting or participating in any program or activity receiving Federal financial assistance extended by the Law Enforcement Assistance Administration of the Justice Department.</p>

Programs receiving Federal financial assistance from the Law Enforcement Assistance Administration of the U. S. Department of Justice are funded pursuant to Title I of the Omnibus Crime Control and Safe Streets Act of 1968.

The purpose of this notice is to apprise participants, beneficiaries and other interested persons of the protections against discrimination assured them by the Civil Rights Act of 1964, and the Justice Department Regulations (28 C.F.R. 42.101, et seq., sub-part C, and 28 C.F.R. 42.201, et seq., sub-part D).

Nothing contained herein shall be construed to require or to condition the availability of a grant upon, the adoption of an applicant for, or grantee under Title I of the Omnibus Crime Control and Safe Streets Act of 1968, of a percentage ratio, quota system, or other program to achieve racial balance or eliminate racial imbalance in any law enforcement agency, or to deny or discontinue a grant because of a refusal of such applicant or grantee to adopt such a ratio, quota, or other program.

Complaints of discrimination hereunder not later than 90 days from the date of the alleged discrimination should be sent to:

OFFICE OF CIVIL RIGHTS COMPLIANCE, Room 1118
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
U. S. DEPARTMENT OF JUSTICE
633 INDIANA AVENUE, NW.
WASHINGTON, D. C. 20530

1. Home telephone: _____ 2. Business telephone _____

3. How long have you resided at your present address? _____

4. List your residence for the past ten years, excluding your present address: (do not use rural route numbers. Give month and year.)

From	Dates:		Address:	City:	State:
	To				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Have you ever been convicted or pled nolo contendere to any criminal or traffic offense (moving violation): () Yes () No

if yes, state offense and disposition _____.

MILITARY SERVICE

6. What is your present selective service classification: _____ Date so classified _____:

7. Selective service number: _____

8. Have you ever served on active duty in the Armed Services of the United States? () Yes () No

If yes, give branch, dates & rank at discharge _____

9. Were you ever rejected by the armed services? () Yes () No

If yes, give reason: _____

MISCELLANEOUS

10. Give three references (not relatives, but responsible adults of reputable standing in their community) who have known you well in the past five years.

NAME	ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____

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 which you feel is relevant to the position for which you are applying (e.g. volunteer experience, military experience gained over ten years ago, etc.) Attach an additional sheet if extra space is needed. NOTE: All sections of this application must be completed even if resume is attached.

Employer

From: _____ To: _____ Job Title: _____ Firm Name: _____
MO/yr. MO/yr. Address: _____

Starting Monthly Salary \$ _____ Describe your Duties: _____ Employer's Business _____
_____ Supervisor's Name: _____

Final Monthly Salary \$: _____ Supervisor's Title: _____

Hrs. Worked Per Week: _____ Reason for Leaving: _____

Employer

From: _____ To: _____ Job Title: _____ Firm Name: _____
MO/yr. MO/yr. Address _____

Starting Monthly Salary \$ _____ Describe your Duties: _____ Employer's Business _____
_____ Supervisor's Name: _____

Final Monthly Salary \$: _____ Supervisor's Title: _____

Hrs. Worked Per Week: _____ Reason for Leaving: _____

Employer

From: _____ To: _____ Job Title: _____ Firm Name: _____
MO/yr. MO/yr. Address: _____

Starting Monthly Salary \$ _____ Describe your Duties: _____ Employer's Business _____
_____ Supervisor's Name: _____

Final Monthly Salary \$: _____ Supervisor's Title: _____

Hrs. Worked Per Week: _____ Reason for Leaving: _____

EDUCATION

CHECK APPROPRIATE BOX: () 60 UNITS COLLEGE CREDIT; () ASSOCIATE OF ARTS DEGREE; () BACHELORS DEGREE; () GRADUATE

Name and Location of School:	Dates Attended: From: _____ TO: _____	Major Subject and Number of Units Completed	Total Number of Units Completed: Semester Units: _____ Quarter Units: _____	Degree or Certificate And Graduation Date:
Last High School:				
Colleges:				
Business, Technical or Certificate Programs				
Professional Registration(s), License(s), and/or Certificate(s) and Date(s) Received:				
Additional training that relates to position applied for:				

AFFIDAVIT

I have personally read and answered each and every applicable question herein, and do solemnly swear that each and every answer is full and correct in every respect. I have submitted to or will submit to fingerprinting as required. I agree to submit to a polygraph (lie detector) examination, in-depth Psychological Examination, and Background Investigation. I agree to submit any and all information on my military service career, if any, including discharge papers and military history during my tour of duty.

READ

IMPORTANT

It is understood that my signature below and the information I have provided establishes no obligation on the part of the County or any other representative agencies at any location to employ me and that there has been no implied or expressed guarantee that my preparation of this application will necessarily result in my 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 if I had been employed.

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

DATE

SIGNATURE

NOTE: A COPY OF YOUR BIRTH CERTIFICATE, COLLEGE TRANSCRIPT AND MILITARY DISCHARGE PAPERS (WHERE APPLICABLE) **MUST** ACCOMPANY THIS APPLICATION.

EXAMINATION RECORD

Date	Examination	Score	Administrator	Comments
	Physical Agility Test Written Exam Oral Interview			

BACKGROUND CHECK

Date	Agency	Clear	Record	Comments
	M. V. R. Local 1. B. 1. F. B. 1.			

EXAMINATION RECORD

Date	Reference	Checked By		Comments
Comments				

FOR MERIT COMMISSION USE ONLY

REVIEWED BY: _____ Date: _____

ACCEPTED: () ACCEPTED PENDING:

REJECTED FOR EDUCATION: () REJECTED FOR EXPERIENCE: ()

REJECTED FOR: _____

DATED CERTIFIED: _____

REMARKS: _____

WAIVER

I, the undersigned, state that the following:

- 1) I have read and answered each and every applicable question herein, and do solemnly swear that each and ever answer is full and correct in every respect.

- 2) I will submit to fingerprinting and photographing, as required.

- 3) I will submit to a complete medical examination to be administered by a duly licensed physician, and further consent to the release of any medical history or information for the confidential use of the Lake County Sheriff's Office Merit Commission or its assigned medical examiners.

- 4) I agree to submit to a polygraph and/or psychological examination.

- 5) I agree to submit any and all military, education and police training information, including discharge papers (DD214) transcripts and course certificates.

- 6) I authorize and empower the Lake County Sheriff's Office Merit Commission, any consumer reporting agency or other outside service company engaged by the Lake County Sheriff's Merit Commission for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current personal characteristics and mode of living, through correspondence or personal interviews with neighbors, friends, associates or others with whom I am acquainted.

Signature _____ **Date** _____
Date

OFFICE OF THE SHERIFF

LAKE COUNTY, ILLINOIS

25 South Martin Luther King, Jr. Ave.
Waukegan, Illinois 60085

**GARY DEL RE
SHERIFF**



(847) 377-4000
(847) 360-5796 FAX

DEPUTY SHERIFF

SALARY

\$22.07 - \$33.88

EMPLOYMENT BENEFITS

Vacation - 10 days/1-5 years; 15 days/6-12 years; 20 days/13+ years of service

Sick Leave - Twelve days per year.

Personal Days - Three days per year.

Holidays - Twelve paid holidays per year; plus General Election Day when U.S. Representatives are elected.

Medical, Hospital and Dental Insurance - Provided through the County's Preferred Provider Organization (PPO) or a Health Maintenance Organization (HMO). The County covers 100% of the premium for eligible employees and contributes toward dependent coverage.

Life Insurance - Provided at no expense to eligible employees. Plus additional optional and voluntary life at group rates.

Retirement, Death and Disability Coverage - Membership in the Sheriff's Law Enforcement Police (SLEP) Pension Fund and Social Security.

Deferred Compensation Program - Optional benefit to defer a portion of salary and taxes for future supplemental retirement.

Credit Union - Offers low interest loans and savings through payroll deduction.

Demand Deposit of Earnings - Net pay may be directed to a designated account at an approved financial institution.

U.S. Savings Bonds - Convenient payroll deduction plan.

Tuition Reimbursement - Covers skill development and career advancement related education.

Employee Assistance Program (EAP) - ComPsych provides confidential assistance with personal and interpersonal problems.

Flex One Spending Account - Pre-tax deferred money for extra medical or dependent care coverage.

Squad Assignment Program - Most positions provide vehicle assignment to be used for official business (to and from duty, court, inquests, assignments and special details).