



**DEPUTY SHERIFF  
CORRECTIONAL OFFICER**

**APPLICATION REQUEST AND RELEASE**

I, *(print your name)* \_\_\_\_\_, hereby state that I wish to apply for employment at the Peoria County Sheriff's Office. I understand that as part of the application process I am to provide the following documents to the Peoria County Sheriff's Office:

**COPIES of the following documents:**

- 1.) Your birth certificate;
- 2.) High school diploma (or GED)
- 3.) And (if applicable) further education;
- 4.) Proof of honorable discharge from active military service (if applicable) preferably a copy of your DD 214.

**I UNDERSTAND ANY ORIGINALS SUBMITTED WILL NOT BE RETURNED**

**Some form of picture identification, such as a driver's license, will be required at all examinations.**

**I fully understand that my failure to submit all the required documentation and the fully completed application will result in my disqualification as a candidate for employment as a Peoria County Sheriff's Deputy or Correctional Officer.**

**I understand the attached Doctor's release for physical ability exam must be properly completed to participate in the physical ability test. DO NOT TURN IT IN WITH THE APPLICATION.**

**The applicant will be assessed a fee of \$50.00 for any applications beyond two (2) within any twenty-four (24) month period regardless of positions applied for.**

**I understand that, if I am hired by Peoria County Sheriff's Office, I will be required to live within a 35 mile radius of the 4-way stop in Kickapoo IL. If I do not at the time of hire, I agree to move into this area within one year from the date of hire.**

NAME: \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City / State / Zip Code*

\_\_\_\_\_  
*Phone (s)*

\_\_\_\_\_  
*E-mail Address*

\_\_\_\_\_  
*\*Race \*Requested by County EEO / Affirmative Action Committee for Monitoring Programs*

DATE: \_\_\_\_\_

<b>POSITION</b>	<b>DEPUTY SHERIFF</b>	<b>SALARY</b>	<b>\$53,182.99</b>
<b>POSITION</b>	<b>CORRECTIONAL OFFICER</b>	<b>SALARY</b>	<b>\$43,453.16</b>

<b>DUTIES - DEPUTIES:</b>	This position is accountable for the protection of the lives and property of the citizens of Peoria County. This is accomplished through the enforcement of federal, state, county, and local criminal, civil, and motor vehicle laws. In addition, this position will respond to requests from the public for assistance in a variety of areas.
<b>DUTIES - CORRECTIONAL OFFICER:</b>	To maintain the safety and security of the residents of the County Jail.

<b>REQUIREMENTS: APPLICANT MUST BE:</b>	
1.	Over the age of 21
2.	A high school graduate or equivalent
3.	A resident of Peoria County (or must reside within a 35 mile radius of the 4-way stop in Kickapoo IL) within one year from the date of employment.
4.	Able to pass a physical ability, written examination, polygraph, medical examination, and/or other tests as required
5.	Applicants must submit to fingerprinting by the Peoria County Sheriff's Office
6.	Deputy applicants must be able to complete a probationary period of one year plus training
7.	Correctional Officers must be able to complete a probationary period of six months.

PREFERENCE POINTS To Veterans with Honorable Discharge documentation from the United States Armed Services may be used for appointment or promotion by written notification for Deputy Sheriff.

<b>APPLICANT MUST:</b>	
1.	Turn in completed application to the Peoria County Sheriff's Office at 301 N Maxwell Rd, Peoria IL 61604. Applicants are encouraged to turn in completed applications as soon as possible.

<b>APPLICATION MUST INCLUDE THE FOLLOWING:</b>	
1.	Copy of Birth Certificate
2.	Copy of High School diploma or equivalent (GED)
3.	And (if applicable) copies of proof of further education (original copies of transcript with raised seal)
4.	Copy of proof of honorable discharge from active military service (if applicable), preferable a copy of DD 214

**PLEASE NOTE: YOUR ORIGINALS WILL NOT BE RETURNED**  
**PLEASE NOTE: You must bring some form of picture identification to ALL TESTING.**

# PEORIA COUNTY SHERIFF'S OFFICE

**Instructions:** Complete this application completely and accurately. All statements made in your application will be subject to verification. If you need additional space to respond to a particular question, use the space at the end of the application and number your response. Note those questions that do not apply to you by writing "N.A." for "not applicable".

1.	Name (Last, First and Middle):
2.	List any other name you have been known by, including maiden name or aliases:
3.	Address: (Street, City, State, County, Zip Code)
4.	Home Telephone Number:
5.	Social Security Number:
6.	Who lives with you at the above address: List full names and their relationship to you:
7.	Date of Birth:
8.	Place of Birth (City and State):
9.	Sex
10:	Height
11.	Weight
12.	Hair Color

13.	Eye Color	
14.	List any scars, birthmarks, identifying marks, etc.	
15.	Are you a citizen of the United States? If naturalized citizen, give details:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized Citizen	
16.	List each member of your immediate family who is still living. (Include parents and siblings.):	
	Name                      Relationship                      Complete Address                      Occupation	
17.	Do you use narcotics or barbiturates? If yes, give details:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Do you use alcohol habitually? If yes, give details:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19.	Are you prone to bouts of dizziness, blackouts, or seizures which would render you incapacitated? If yes, give details:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.	Marital Status:	
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
21.	If married, are you living with your spouse currently? If no, explain:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

22.	Give information below regarding all marriages:					
	Date of Marriage	Location of Marriage	Wife's Maiden Name	Marriage ever Dissolved	Type of Dissolution	Phone Number of Ex
23.	Are you currently paying alimony or child support? Explain:					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
24.	If divorced, list the names of your previous spouses and where they reside:					
25.	List below every child born to you, adopted by you, or stepchildren:					
	Name	Date of Birth	Place of Birth	Lives with	Town or Residence	Phone #
26.	Are you now supporting all children listed above? If no, explain:					
27.	Have you ever been involved as a defendant in a paternity proceeding? If yes, explain:					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					

**EDUCATIONAL BACKGROUND**

28.	Name of School	Address of School	Number of Years	Dates Attended	Graduate	Grade Average

29.	List other special training you have received or professional licenses or certifications you hold or have held:
30.	Were you ever expelled or suspended from any school? If yes, give details:
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DRIVING HISTORY**

31.	Can you operate an automobile?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32:	Do you have an Illinois Driver's License?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of Expiration:	
	Driver's License # :	
33.	Has you license ever been suspended or revoked or placed on probation? If yes, explain:	
34.	Have you ever possessed a Driver's License in another State? If yes, where?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PLACE OF RESIDENCE**

35. List your address for the last ten years, starting with your present address:					
	From	To	Address of Residence	City	State
36. Current Residence:					
	<input type="checkbox"/> Own		<input type="checkbox"/> Rent		
Do you own other real estate? If yes, give location:					
37. If Renting, Name, address and Phone Number for the Landlord					

**MILITARY SERVICE**

38. Have you ever served in the U. S. Military?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, What branch of the Service?	
Highest rank held:	
Your rank at discharge:	
What is your service serial number:	
List period of active service and location of entrance to active duty:	

	List date and location of discharge:
	What type of discharge did you receive?
	Were you ever convicted at a court martial? If yes, explain:
	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.	Are you now or were you ever a member of the U. S. Military Reserves or National Guard?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list dates, branch, unit, rank:
40.	Were you ever subject to disciplinary action in the reserves or national guard?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain:

**CRIMINAL HISTORY**

41.	Have you ever been fingerprinted by a police agency other than for an arrest?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain:
	Have you ever been the victim of a crime: If yes, explain:
	<input type="checkbox"/> Yes <input type="checkbox"/> No



	Was this crime reported to the police? If so, Report Number and Agency
	Have you ever been required to pay a fine in excess of \$25.00? If yes, explain:
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been placed on probation? If yes, explain and list what County
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been arrested and convicted? If yes, explain:
	<input type="checkbox"/> Yes <input type="checkbox"/> No
42.	Has any member of your immediate family ever been convicted for a serious crime?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain:
43:	List all traffic citations you have received, with date, nature of violation and outcome of case:

44.	Are there any warrants, traffic, or other, now pending against you? If yes, explain:
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY**

45.	List all jobs held for the last ten years in sequence, including periods of unemployment. List more recent jobs first. Include temporary or part-time jobs.							
Employer's Name	Employer's Address	Supervisor's Name	Type of Business	Phone #	Dates		Title	Left
<i>Please place a * by the name of any employer you do not wish us to contact.</i>								

46.	Have you ever taken a civil service exam? If yes, give details:
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you now on any eligibility list? If yes, give details:
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Were you ever rejected for any civil service position? If yes, give details:
	<input type="checkbox"/> Yes <input type="checkbox"/> No
47.	List length of time you have received unemployment compensation, or other Federal, State or local benefits assistance: Also, list type of assistance.
48.	Are you now or have you ever been engaged in any business as an owner, partner or corporate member? If yes, give details:
	<input type="checkbox"/> Yes <input type="checkbox"/> No
49.	Were you ever discharged or asked to resign because of misconduct or unsatisfactory service or while under investigation? If yes, give details:
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CREDIT HISTORY**

50.	List three commercial or business credit references (include bank accounts and loans):					
	Name of Firm	Address of Firm	Phone #	Amount	Date Closed	Comments

51.	Have you ever filed for bankruptcy? If yes, give details:				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
52.	Have you ever been sued? If yes, explain:				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
53:	List outstanding debts, amounts and whether this amount includes an arrearage:				
	Amount	Owed to: Name	Address	Length of Payments	Comments

**REFERENCES**

54.	<b>List the names of five adults</b> , not related to you, and not former employers, who have known you for a period of preferably more than five years. Persons listed may be asked to appraise your character, ability, experience, personality and other qualities:					
	Name	Address	Home Phone	Work Phone	Occupation	Years Known

55.	Persons to be notified in case of emergency:			
	Name	Address	Phone	Relationship
56.	Explain in your own words your reason for applying for this position:			



# RELEASE OF AUTHORIZATION

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The undersigned, for and in consideration of being allowed to participate in the pre-employment examination process for criminal justice agency employment by the Peoria County Sheriff's Office, hereby releases and discharges the County of Peoria, a body politic and corporate, its officers, employees, and agents, of and from any and all claims, demands, causes of action and liabilities to me, my heirs and my assigns, which may result for any and all losses and damages arising wholly or partially as a result of the examinations, and/or any pre-employment background investigations conducted by and for the Peoria County Sheriff's Office.

The undersigned authorizes the release of medical, military, educational, credit, criminal history, and personal information from all sources to the County of Peoria for use in any pre-employment background examination.

Dated at Peoria, Illinois this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_

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



# PEORIA COUNTY SHERIFF'S OFFICE



## Prison Rape Elimination Act (PREA) Duty to Disclose

In compliance with the Prison Rape Elimination Act of 2003, the Peoria County Sheriff's Office maintains a Zero Tolerance policy with regard to sexual assault, sexual abuse and sexual harassment of any person. It is mandatory that you answer the following questions regarding Hiring and Promotion Decisions.

1. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever been criminally convicted or been given deferred adjudication for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever been civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you ever engaged or attempted to engage in any sexual abuse or harassment incidents including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Your signature confirms the above information is true and correct. Further, you understand and agree you have a continuing affirmative duty to disclose any such sexual assault, abuse, or harassment to ACRJ (See Questions 1-4) in writing. In addition, your signature below authorizes disclosure upon inquiry to another agency.

Giving false information or omissions regarding such misconducts shall be grounds for disciplinary action up to termination or not being hired. Ignorance of the policies of the Peoria County Sheriff's Office is not a defense for violating such policies.

Applicant/Employee Name (Print): \_\_\_\_\_

Applicant/Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

LEADS/NCIC Criminal History completed by: \_\_\_\_\_ Badge# \_\_\_\_\_ Date: \_\_\_\_\_

Former employer background check(s) completed by: \_\_\_\_\_ Badge# \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Personnel File Reviewed By: \_\_\_\_\_ Badge# \_\_\_\_\_ Date: \_\_\_\_\_

Comments \_\_\_\_\_

Superintendent (or Designee) approval: \_\_\_\_\_ Badge# \_\_\_\_\_ Date: \_\_\_\_\_



# PEORIA COUNTY SHERIFF'S OFFICE

Peoria County, Peoria, Illinois

## DOCTOR'S RELEASE

A strenuous physical qualification test (ability test) established by the Illinois Local Governmental Law Enforcement Officers Training Board will be conducted by the Sheriff's Office certified physical fitness Instructor. The physical ability will be measured by:

1. Sit and Reach Test
2. 1 Minute Sit Up Test
3. 1 Repetition Maximum Bench-Press (Deputy) or Push Ups (Corrections)
4. 1.5 Mile Run (Deputy) or 50 Yard Dash (Corrections)

"I certify that \_\_\_\_\_ is physically capable of participating in this strenuous Physical Qualification Test."

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

Signed: Dr. \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_

### **TO BE TURNED IN AT THE PHYSICAL ABILITY TESTING**

**This form IS NOT to be turned in with the completed application. Those attending the Physical Ability Test will be required to bring this form with them to the Physical Ability Test.**

## NOTE: REMOVE THIS SECTION BEFORE RETURNING THE APPLICATION

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### **WHAT IS PHYSICAL FITNESS?**

Physical fitness is a health status pertaining to the individual officer having the physiological readiness to perform maximum physical effort when required.

Physical fitness consists of three areas:

- Aerobic capacity or cardiovascular endurance pertaining to the heart and vascular system's capacity to transport oxygen. It is also a key area for heart disease in that low aerobic capacity is a risk factor.
- Strength pertains to the ability of muscles to generate force. Upper body strength and abdominal strength are important areas in the low strength levels have a bearing on upper torso and lower back disorders.
- Flexibility pertains to the range of motion of the joints and muscles. Lack of lower back flexibility is a major risk area for lower back disorders.

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### **WHY IS FITNESS IMPORTANT AS A JOB RELATED ELEMENT FOR LAW ENFORCEMENT OFFICERS?**

It has been well documented that law enforcement personnel (as an occupational class) have serious health risk problems in terms of cardiovascular disease, lower back disorders, and obesity. Law enforcement agencies have the responsibility of minimizing known risk. Physical fitness is a health domain which can minimize the "known" health risks for law enforcement officers.

Physical fitness has been demonstrated to be a bona fide occupational qualification (BFOQ). Job analysis that account for physical fitness have demonstrated the fitness areas are underlying factors determining the physiological readiness to perform a variety of critical physical tasks. These three fitness areas have also been shown to be predictive of job performance ratings, sick time, and number of commendations of police officers. Data also show that fitness level is predictive of trainability and academy performance.

Physical fitness can be an important area for minimizing liability. The unfit officer is less able to respond fully to strenuous physical activity. Consequently, the risk of not performing physical duties is increased.

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### **HOW WILL PHYSICAL FITNESS BE MEASURED?**

The POWER TEST consists of 4 basic tests. Each test is a scientifically valid test. It is recommended that five minutes of static stretching, using techniques approved by the Board, be completed prior to each test. A five minute rest is recommended between each test with a fifteen minute rest before the 1.5 mile run. The tests will be given in the following sequence with a rest period between each test.

**1. SIT AND REACH TEST**

This is a measure of the flexibility of the lower back and upper leg area. It is an important area for performing police tasks involving range of motion and is important in minimizing lower back problems. The test involves stretching out to touch the toes or beyond with extended arms from the sitting position.

The score is in the inches reached on a yard stick.

**2. 1 MINUTE SIT UP TEST**

This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems. The score is in the number of bent leg sit-ups performed in 1 minute.

**3. 1 REPETITION MAXIMUM BENCH PRESS – Deputy Applicants Only**

This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate. It is an important area for performing police tasks requiring upper body strength. The score is a ration of weight pushed divided by body weight.

**4. PUSH UPS – Correctional Officer Applicants Only**

Males and females will be required to perform standard push ups.

**4. 1.5 MILE RUN – Deputy Applicants Only**

This is a timed run to measure the heart and vascular systems' capability to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and to minimize the risk of cardiovascular problems.

The score is in minutes and seconds.

**5. 50 YARD DASH – Correctional Officer Applicants Only**

The 50 yard dash must be completed without walking or stopping.

**WHAT ARE THE STANDARDS?**

- The actual performance requirement for each test is based upon norms for a national population sample.
- The applicant is expected to pass every test.
- The required performance to pass each test is based upon sex and age (decade). While the absolute performance is different for the 8 categories, the relative level of effort is identical for each age and sex group. All recruits are being required to meet the same percentile rank in terms of their respective age/sex group. The performance requirement is that level of physical performance that approximates the 40th percentile for each age and sex group.



**POWER CHART**

**Deputy Sheriff**

TEST	MALE				FEMALE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit and reach	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
1 minute sit up	37	34	28	23	31	24	19	13
Maximum Bench Press Ratio	.98	.87	.79	.70	.58	.52	.49	.43
1.5 Mile Run	13.46	14.31	15.24	16.21	16.21	16.52	17.33	18.44

**Correctional Officer**

TEST	MALE				FEMALE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit and reach	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
1 minute Sit Ups	20	20	20	20	20	20	20	20
1 minute Push Ups	18	18	18	18	18	18	18	18
50 yard dash	Not timed	Not timed	Not timed	Not timed	Not timed	Not timed	Not timed	Not timed

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## **HOW DOES ONE PREPARE FOR THE POWER TEST?**

### **1. Preparing for the sit and reach test.**

Performing sitting type of stretching exercises daily will increase this area. There are two recommended exercises.

**Sit and reach.** Do 5 repetitions of the exercise. Sit on the ground with legs straight. Slowly extend forward at the waist and extend the fingertips toward the toes (keeping legs straight). Hold for 10 seconds.

**Towel stretch.** Sit on the ground with the legs straight. Wrap a towel around the feet holding each end with each hand. Lean forward and pull gently on the towel extending the torso toward the toes.

### **2. Preparing for the Sit Up Test**

The progressive routine is to do as many bent leg sit-ups (hands behind the head) as possible in 1 minute. At least 3 times a week do 3 sets (3 groups of the number of repetitions one did in 1 minute).

### **3. Preparing for the 1 Repetition Maximum Bench Press**

If one has access to weights, determine the maximum weight one can bench press at one time. Take 50% of that poundage. This will be the training weight. One should be able to do 8-10 repetitions of that weight. Do 3 sets of 8-10 repetitions adding 2 ½ to 5 pounds every week.

If one does not have weight equipment, then the push up exercise can be utilized. Determine how many push-ups one can do in one minute. At least 3 times a week do 3 sets of the amount one can do in one minute.

**4. Preparing for the 1.5 mile run**

Below is a gradual schedule that would enable one to perform a maximum effort for the 1.5 mile run. If one can advance the schedule on a weekly basis, then proceed to the next level. If one can do the distance in less time, then that should be encouraged.

WEEK	ACTIVITY	DISTANCE	TIME	FREQUENCY
1	Walk	1 Mile	20'-17'	5/week
2	Walk	1.5 Miles	29'-25'	5/week
3	Walk	2 Miles	35'-32'	5/week
4	Walk	2 Miles	30'-28'	5/week
5	Walk/log	2 Miles	27'	5/week
6	Walk/log	2 Miles	26'	5/week
7	Walk/log	2 Miles	25'	5/week
8	Walk/log	2 Miles	24'	4/week
9	Jog	2 Miles	23'	4/week
10	Jog	2 Miles	22'	4/week
11	Jog	2 Miles	21'	4/week
12	Jog	2 Miles	20'	4/week