



## RE-ENTRY CASE MANAGER

### 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 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 with the Peoria County Sheriff's Office.

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>RE-ENTRY CASE MANAGER</b>	<b>SALARY</b>	<b>\$55,000 - \$62,000 DOQ</b>
-----------------	------------------------------	---------------	------------------------------------

<b>DUTIES -</b>	See attached.

<b>REQUIREMENTS: APPLICANT MUST BE:</b>	
1.	Over the age of 21
2.	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.
3.	Able to pass a written examination, polygraph, medical examination, and/or other tests as required

<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 DD214

**PLEASE NOTE: YOUR ORIGINALS WILL NOT BE RETURNED**  
**PLEASE NOTE: You must bring picture identification to all testing.**

## **JOB DUTIES AND RESPONSIBILITIES:**

To plan, coordinate and facilitate the delivery of programs and services to inmates during the three identified phases of re-entry- preparation, service provision and long-term support.

### Preparation:

- Meet with clients one-on-one while still incarcerated.
- Use evidence-based intake risk assessment and conduct personal interviews to identify needs.
- Teach life skills, organization, and goal setting.
- Assist in compilation of necessary documents, identifications, and enrollment in mainstream benefits.

### Service Provision:

- Develop an Individualized Treatment Plan including the client's vision, domains of needs, specific goals, action-based strategies and resources. Assures appropriate scheduling and tracking of referrals.
- Work collaboratively with individuals, groups, professionals, community agencies, government and private entities to assure availability of resources and services.
- Coordinate additional services such as medical/dental, substance abuse treatment, mental health care, domestic violence services, veterans' services, etc.
- Assist with housing and employment opportunities.

### Long-Term Support and Supervision

- Provide ongoing case management for up to 12 months through continued contact with clients and other service providers.
- Continue to reassess the client's needs and revisit service provision phase if needed.

Provides program information and assistance to individuals and groups in an outreach capacity. Provides presentations and training at community events, agencies, and groups.

Provides training, assistance, and guidance to sub-contracted county staff to assess needs, develop plans, and implement and maintain sub-contracted services in their counties.

Utilizes computerized reports to track and monitor that services are available and completed according to program standard.

Develops and implements program promotion activities to achieve program objectives.

Works collaboratively within a multidisciplinary team to deliver comprehensive services.

Assumes responsibility for professional development and job-related competency.

Documents and maintains confidential client records.

Maintains confidential personal information, which must be safeguarded to prevent damage to client's lives and reputations. Utilizes sound judgement and caution in communications with individuals inside and outside the Sheriff's Office.

Attends in-service training and meetings as required by the Peoria County Sheriff's Office. Serves as a member of various committees, as needed.

Other duties as assigned.

**EDUCATION, EXPERIENCE, AND OTHER JOB REQUIREMENTS:**

Bachelor's degree from an accredited college or university and/or minimum of 4 years' experience providing services to highly vulnerable populations, knowledge, and skills that will enable you to perform the tasks of the job proficiently.

Must have a working knowledge of computer use with ability to learn database and office applications.

Must have excellent oral and written communication skills and interpersonal skills to interact with clients, public, and co-workers.

Must have excellent problem solving and time management skills.

Must be familiar with office equipment.

Must have valid Illinois driver's license.

Must be able to maintain confidentiality.

Bi-lingual (Spanish & English speaking) is preferred.

**PHYSICAL REQUIREMENTS:**

Ability to engage in stooping, reaching, crouching, climbing, balancing, kneeling, crawling, standing, walking, fingering, grasping, writing, and other repetitive motions.

Exerts up to 50 pounds of force occasionally, and/or a negligible amount of force constantly to move objects.

Visual ability must be sufficient to read and complete written and typed correspondence

Hearing and speaking ability sufficient to carry on a conversation with other individuals in person and over the phone and to speak to large groups.

Perform tasks requiring independent knowledge in addition to procedures, or instructions provided.

**WORKING CONDITIONS:**

Worker is occasionally exposed to seasonal weather conditions due to travel on the job.

## 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 of 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.):																																				
	<table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> <th>Complete Address</th> <th>Occupation</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Relationship	Complete Address	Occupation																																
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 your 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

---

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: \_\_\_\_\_