



WINNEBAGO COUNTY  
Sheriff's Emergency Response Team  
PERSONNEL INFORMATION FORM

PLEASE PRINT ALL INFORMATION



NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

HOME TELEPHONE \_\_\_\_\_ | \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
AREA CODE NUMBER MONTH DAY YEAR

SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_

LIST ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME) \_\_\_\_\_



(CHECK ONE) SINGLE \_\_\_\_ MARRIED \_\_\_\_ SEPARATED \_\_\_\_ WIDOWED \_\_\_\_ DIVORCED \_\_\_\_ .  
(CHECK ONE) SEX - MALE \_\_\_\_ FEMALE \_\_\_\_ .  
(CHECK ONE) DO YOU PREFER TO WORK - IN THE OFFICE \_\_\_\_ IN THE FIELD \_\_\_\_ .

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S EMPLOYER \_\_\_\_\_

SPOUSE'S EMPLOYER ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_



YOUR CURRENT EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_ YOUR JOB DESCRIPTION \_\_\_\_\_

CAN YOU BE REACHED AT WORK? \_\_\_\_ NORMAL WORKING HOURS - FROM \_\_\_\_ TO \_\_\_\_ .

NORMAL DAYS OFF? \_\_\_\_ CAN YOU LEAVE WORK FOR EMERGENCY DUTY \_\_\_\_

WHAT HOURS COULD YOU WORK? \_\_\_\_\_

CHECK HIGHEST GRADE COMPLETED - GED CERTIFICATE \_\_\_\_ HIGH SCHOOL 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ .  
COLLEGE 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ .

DO YOU HAVE ANY PREVIOUS ESDA, FIRE OR POLICE BACKGROUND? IF SO, LIST WHEN, IN WHAT COUNTY AND THE ACTIVITY \_\_\_\_\_



IN CASE OF EMERGENCY NOTIFY - (LIST A RELATIVE HERE) \_\_\_\_\_  
NAME  
ADDRESS \_\_\_\_\_  
STREET CITY STATE TELEPHONE

(LIST A FRIEND OR NEIGHBOR HERE) \_\_\_\_\_  
NAME  
ADDRESS \_\_\_\_\_  
STREET CITY STATE TELEPHONE

DO YOU HAVE ANY CURRENT TRAFFIC VIOLATIONS? YES \_\_\_\_ NO \_\_\_\_ HAVE YOU BEEN CONVICTED OF

EITHER A MISDEMEANOR OR FELONY CRIME? \_\_\_\_\_ IF YES, WHAT \_\_\_\_\_

WHEN \_\_\_\_\_



WHAT ARE YOUR HOBBIES OR INTERESTS? (PLEASE LIST) \_\_\_\_\_

\_\_\_\_\_



**AFFIRMATION -**

I, \_\_\_\_\_, DO SOLEMNLY SWEAR (OR AFFIRM) THAT ALL INFORMATION GIVEN ON  
PRINT NAME HERE  
THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.

DATE \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
MONTH DAY YEAR

SIGNED \_\_\_\_\_



**AUTHORITY TO RELEASE INFORMATION**

Having made application with the Winnebago County Sheriff's Department in Rockford, Illinois and desiring that they be informed of my previous records and character, I hereby authorize an investigation into all records which may be of interest to them. This authorization includes, but is not limited to: school, employment, military, attorneys and counselors, and credit records, whether privileged or not. This authorization to furnish information is executed in consideration of the Winnebago County Sheriff's Department giving my application consideration and shall serve as a release of all liability to all parties furnishing such information to the Winnebago County Sheriff's Department.

**SIGNATURE MUST BE WITNESSED BY NOTARY PUBLIC**

\_\_\_\_\_  
Signature of Applicant

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**FOR SERT OFFICE USE ONLY**

SECURITY SCREEN CHECK - DATE \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | SIGNED \_\_\_\_\_  
MONTH DAY YEAR