

# Sheriff Mearl J. Justus

St. Clair County Sheriff's Department

700 N. 5th Street

Belleville, IL 62220-4499

(618) 277-3505

[www.sheriff.co.st-clair.il.us](http://www.sheriff.co.st-clair.il.us)

[sheriff@norcom2000.com](mailto:sheriff@norcom2000.com)

Dear Applicant;

Your interest in becoming an officer with the St. Clair County Sheriff's Department is the initial step into a highly rewarding and challenging career. Benefits include rapid salary and promotional advancement opportunities, and a competitive pay scale. The County also offers paid holidays, vacation, and sick leave, along with an excellent retirement program. Health insurance, life insurance, and dental insurance are also included with the position. The insurance program can also cover dependents for a minor expense.

The St. Clair County Sheriff's Department believes in making sure that you have the knowledge and training for the position, and sends you to a training academy, during which time you shall maintain full salary and benefits.

In order to be considered for employment, complete the attached application packet and return it to our office at your earliest convenience. Do not omit any requested documents or information. You will be notified the next time that the Merit Commission tests are held. If you do not attend the testing date, the Merit Commission has the option to require submission of a new application.

Thank you for your interest in joining our professional team of officers.



**MEARL J. JUSTUS**

**SHERIFF OF ST. CLAIR COUNTY**

**THE SCREENING PROCESS AS ESTABLISHED BY  
THE ST. CLAIR COUNTY SHERIFF'S DEPARTMENT  
AND  
THE ST. CLAIR COUNTY MERIT COMMISSION**

**APPLICATION**

The attached application must be completed for all positions with the St. Clair County Sheriff's Department. This application must be completely filled out and ALL required attachments must be submitted before you can be scheduled for interview / testing. The completed application can be mailed to 700 North 5th Street, Belleville, Il. 62220, or delivered between 9:00 a.m. & 9:00 p.m.

**MERIT COMMISSION TESTING FOR CORRECTIONAL OFFICER AND PATROL DEPUTY**

The St. Clair County Merit Commission has established a written and oral testing procedure for those qualified applicants for Corrections and Patrol. The results of those tests and interviews establish an eligibility list, in which the Sheriff makes his hiring selections. When the list is terminated by the Commission or exhausted, a testing date is held to compile the new eligibility list. Those qualified applications received by the department will be notified in advance of the testing date. For those unable to make the scheduled testing date, it is possible that an alternate date may be established.

The test is normally given on a Saturday morning along with an orientation of the position and review of the testing procedures. The length of the session is normally about 3 to 4 hours. The test is not scored locally, the results of which, take 5-6 weeks to receive. Physical agility testing may also be scheduled during that weekend.

**LATERAL ENTRY APPLICATION FOR THOSE WITH 4 YEARS OF FULL-TIME LAW ENFORCEMENT**

If you are applying for a position to the Corrections Division OR the Patrol Division *through the lateral entry process*, you have a few additional requirements.

1. Complete the application, making sure that all attachments are enclosed when it is returned. Attach copies of your certificates showing completion of the Basic Police Academy or Basic Corrections Officer Academy along with verification of your length of full-time employment in the related field. You must have attained the basic requirements for employment listed on the application for entry with the department, even if you apply through the lateral entry process.
2. A cover letter must be attached to the front of the application and directed to:  
Merit Commission Chairman Roger Richards  
700 North 5th Street  
Belleville, Illinois 62220.  
The letter should specifically state that you are interested in the lateral entry process, and you should include your qualifications and past experience.
3. You must fulfill all the requirements listed on the first page of the application packet. If you do not meet these requirements, your application will not be accepted for review by the Commission.

**ORAL INTERVIEWS**

Each applicant will be notified of the test results. (Pass/Fail) Those applicants that successfully complete the written testing will be notified of their scheduled interview with the Merit Commission. After completion of all interviews, the Merit Commission will submit a list to the Sheriff of those qualified candidates. The Sheriff will then use that list to fill any vacancies in the division. This list shall remain in effect for 1 year or at such a time that there are less than 3 eligible applicants.

**BACKGROUND INVESTIGATION**

Employment with the Sheriff's Department is also subject to the successful completion of a background investigation conducted by the Sheriff. This investigation shall include, but not limited to, driver's records, personal reference checks, criminal history, and employment history. Applicants shall also be required to successfully complete a

polygraph examination and physical exam, including a drug screen. The Sheriff during the background investigation will arrange the appointments for these tests.

### **APPLICANTS SELECTED FOR HIRE**

Those persons selected for hire shall be required to successfully complete training programs for their employment position. After successful graduation of this training academy, the employee shall receive State certification. They will also be required to sign a work agreement, specifically stating that they will reimburse the Sheriff for all training expenses, if the employee decides to resign his position with the department within two years of the date of hire. Training expenses are pro-rated for those that resign after two years but prior to the completion of three years of service. No reimbursement for training is required for those officers that maintain three years of continuous service with the department. A copy of the Agreement is included in the application.

Employees will serve a twelve month probationary period, (from the date of hire) during which time they can be dismissed at the will of the Sheriff. Officers presently work twelve-hour shifts with the standard work period of 168 hours every 28 days. Uniforms are provided, but employees are responsible for their own weapon and leather goods in accordance to the department's general orders.

### **EMPLOYMENT BENEFITS**

Officers are represented by the Fraternal Order of Police Lodge #148 on bargaining issues of wages and benefits. An employee is not required to join the FOP, but is required by law to pay their "fair share" to the Lodge for bargaining expenses. This amount is roughly \$500 per year.

**Salary:** The starting salary for a Correction Officer is \$32,899, which raises to \$42,328 after a twelve-month probationary period. A Patrol Deputy begins at \$38,750 and moves to \$48,690 after probation. Each officer is also paid an annual uniform allowance, and officers with advanced college degrees also receive a bonus. Paychecks are issued on a two-week delay, every other Friday. New employees would not receive their first paycheck until after four weeks of employment. Probationary pay may be adjusted in accordance with negotiations with the F.O.P.

**Vacation & Holidays:** Employees earn 80 hours of annual vacation per year. After the completion of five (5) years of continuous service, employees earn 120 hours of annual vacation per year. And those employees that have completed 12 years of service earn 160 hours of annual vacation per year. Each employee receives 12 paid holidays during the year.

**Insurance:** St. Clair County offers a very good program, which includes health, eye care, life and dental insurance. The deductible is about \$40 per month for this program. You are also able to include your family in the insurance program for an additional monthly fee of about \$160. Other benefits as negotiated by the F.O.P. may be received from their officers.

**Retirement:** Employees are members of the Illinois Municipal Retirement Fund Special Law Enforcement Program (IMRF-SLEP). Officers are eligible for retirement at age 50 with 20 years of service at 50% of your salary. After completion of 32 years of service you would retire at 80% of your salary.

**PLEASE DETACH THE PRECEDING PAGES AND KEEP FOR YOUR PERSONAL RECORDS.**

EMPLOYMENT APPLICATION  
ST. CLAIR COUNTY SHERIFF'S DEPARTMENT  
700 NORTH 5TH STREET  
BELLEVILLE, ILLINOIS 62220

**QUALIFICATIONS: Correctional Officer / Patrol Deputy**

Be a citizen of the United States and willing to move into St. Clair County during the 1st year of employment;  
Be at least 21 years of age;  
Have graduated high school or possess a G.E.D.;  
Have completed 60 semester hours, or 90-quarter hours of college credit.  
(Trade schools do not qualify) OR have four (4) years of full-time law enforcement experience;  
Hold a valid Illinois Driver's License;  
Not hold an elected political office; and  
Be in good physical shape with height and weight commensurate.  
Hold a valid Illinois Firearm Owners Identification Card (FOID)

**QUALIFICATIONS: Bailiff**

Be a citizen of the United States and willing to move into St. Clair County during the 1st year of employment;  
Be at least 21 years of age;  
Have graduated high school or possess a G.E.D.;  
Hold a valid Illinois Driver's License;  
Be in good physical shape with height and weight commensurate.  
Hold a valid Illinois Firearm Owners Identification Card (FOID)

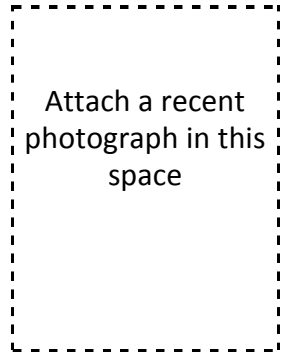
**Qualifications: Deputy Service Aide**

Be a citizen of the United States and willing to move into St. Clair County during the 1st year of employment;  
Be at least 18 years of age;  
Have graduated high school or possess a G.E.D.;  
Hold a valid Illinois Driver's License;  
Not hold an elected political office; and  
Be in good physical shape with height and weight commensurate.

**If you fail to meet any of the above listed requirements - DO NOT FILL OUT THIS APPLICATION.** The application will not be accepted if you do not meet the above listed employment requirements. Applications that have not been completely filled out, or without required attachments or being notarized, will not be accepted. Mark areas that do not apply to your application with "N/A". Type or use ink and print plainly.

Position Applying for:

- Correctional Officer                       Deputy Service Aide
- Patrol Deputy                                 Metro Patrol Deputy
- Court Bailiff                                  Civil Process Clerk
- Process Server                                Auxiliary Deputy (unpaid volunteer)



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

Name \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Other Phone# \_\_\_\_\_ Email \_\_\_\_\_

Present Address with City/State/Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Height (without shoes) \_\_\_\_\_ Weight \_\_\_\_\_ Scars/Marks/Tattoos \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Class \_\_\_\_\_ State Issued \_\_\_\_\_

List addresses for the past ten (10) years: (Most recent listed first)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

U.S. citizen by birth? \_\_\_\_\_ Naturalized? \_\_\_\_\_ If yes: Date \_\_\_\_\_ Place \_\_\_\_\_ Number \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse (If applicable) \_\_\_\_\_ Children \_\_\_\_\_

How many persons are dependent upon you for support? \_\_\_\_\_

Father's Name, Birthplace and Occupation: \_\_\_\_\_

Mother's Name, Birthplace and Occupation: \_\_\_\_\_

Do you own an automobile? \_\_\_\_\_ Do you carry auto insurance for Liability? \_\_\_\_\_ Collision? \_\_\_\_\_ Property Damage? \_\_\_\_\_

List any foreign languages you speak, read or write; and the proficiency of each:

\_\_\_\_\_

Explain any experiences in the following fields:

Law Enforcement or Corrections: \_\_\_\_\_

Research or exacting type of work: \_\_\_\_\_

Firearms, explosives, defensive tactics: \_\_\_\_\_

Are you in good health, firm constitution and able bodied? \_\_\_\_\_

Have you ever had rheumatism, hernia, piles or any other chronic disease? \_\_\_\_\_ If so, list them and when they occurred? \_\_\_\_\_

Are you aware of any physical or mental defect that would impair your usefulness for the position you seek? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Have you ever been treated by a psychologist/psychotherapist for illness, social disorder or personality condition? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Do you wear glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_ Describe your eyesight? \_\_\_\_\_

What physician were you last attended, and for what reason? \_\_\_\_\_

Personal physician's name, address, telephone: \_\_\_\_\_

\_\_\_\_\_

Will you be willing to consent to a physical exam? \_\_\_\_\_ If no, explain: \_\_\_\_\_

Has any life insurance company ever postponed, rejected, or limited as to the amount, form and premium, your application of insurance? \_\_\_\_\_ If yes, full particulars required. \_\_\_\_\_

\_\_\_\_\_

Have you, or any blood relative, been treated for mental illness, or been a patient in a mental hospital or institution? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever served in the armed forces of the United States? \_\_\_\_\_ If so, state the branch, ranks attained, enlistment date, discharge date, and type of discharge. \_\_\_\_\_

\_\_\_\_\_

Are you a member of a military reserve unit? \_\_\_\_\_ If so, please name it. \_\_\_\_\_

List below details of your education:

Grade School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

High School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

College: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Location of college: \_\_\_\_\_

Major course of study: \_\_\_\_\_

Diploma or degrees attained: \_\_\_\_\_

List any additional schooling, specialized training, related to the law enforcement field: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List below your complete employment history, start with your present job and work backwards since you first started work. List periods of employment and unemployment. BE ACCURATE - all of your time should be accounted for.

First Line should list: EMPLOYER ADDRESS TELEPHONE SUPERVISOR  
Second line should list: POSITION EMPLOYMENT DATES SALARY REASON YOU LEFT

Present Employer: \_\_\_\_\_  
\_\_\_\_\_

1st Previous Employer: \_\_\_\_\_  
\_\_\_\_\_

2nd Previous Employer: \_\_\_\_\_  
\_\_\_\_\_

3rd Previous Employer: \_\_\_\_\_  
\_\_\_\_\_

4th Previous Employer: \_\_\_\_\_  
\_\_\_\_\_

If you do not have sufficient space to give your complete employment history, attach an additional sheet with the info.  
May we contact present and previous employers? \_\_\_\_\_ If no, please explain. \_\_\_\_\_

Are you willing to work rotating shifts? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_ Extra hours? \_\_\_\_\_  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Will you be willing to attend training programs related to your employment with the department? \_\_\_\_\_

Are you willing to enter into an employment agreement with the Sheriff which outlines employment expenses you'll reimburse, if you decide to terminate your employment before the end of the contract period? \_\_\_\_\_

List all traffic tickets you have received in the last five (5) years. Include type of violation, location of occurrence and the disposition of those tickets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any offenses other than traffic listed above? \_\_\_\_\_ If so, list the details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your credit obligations: (Names, amounts owed, monthly payments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you entirely dependent on your salary? \_\_\_\_\_ If not, please state your other source(s) of income: \_\_\_\_\_

Do you have any unpaid judgements against you? \_\_\_\_\_ Do you have any delinquent taxes? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ Date filed: \_\_\_\_\_ Present status: \_\_\_\_\_

List the names of any relatives employed in law enforcement, their agency and dates employed:

List four reliable people, other than relatives or past employers, that know you well enough to give information on you:

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY/ZIP</u>	<u>TELEPHONE NUMBER</u>
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List any organizational memberships: Exclude any group name or character of which may reveal the race / religion / national origin of its members.

Are you a member, or have you ever been associated with any Communist group, or any group or organization advocating the overthrow of the United State Government by force? \_\_\_\_\_

If you answer yes to the above question, please attach a detailed explanation on a separate sheet of paper.

Are you now, or have you ever been a conscientious objector? \_\_\_\_\_

Do you use intoxicating liquor? \_\_\_\_\_ Explain your usage: \_\_\_\_\_

Have you ever been treated for alcohol or drug abuse? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

List any outside hobbies, interests and activities: \_\_\_\_\_

Have you paid, promised to pay, given money, things or items, service or consideration, to any person, directly or indirectly, for any recommendation, service or influence, promised toward procuring your appointment for employment?



ST. CLAIR COUNTY SHERIFF'S DEPARTMENT  
700 NORTH 5<sup>TH</sup> STREET  
BELLEVILLE IL 62220  
**EMPLOYMENT AGREEMENT**

I, \_\_\_\_\_, ACKNOWLEDGE UNDERSTANDING THE FOLLOWING:

THE ST. CLAIR COUNTY SHERIFFS DEPARTMENT wants persons in the position of *Corrections Officer* adequately trained so they are able to perform their duties proficiently.

THE ST. CLAIR COUNTY SHERIFFS DEPARTMENT is willing to pay for the costs of that training, but because of the costs involved, it must have a commitment from the persons receiving training, that they will apply what they have learned while employed with the St. Clair County Sheriff's Department.

BECAUSE OF THIS, I the undersigned, hereby agree that unless discharged by the department, I will remain in the employ of the St. Clair County Sheriff's Department for a minimum of three years from the date of employment. Should I accept employment with another law enforcement agency, or resign my position with the St. Clair County Sheriff's Department during that three-year period, I agree to pay the St. Clair County Sheriff's Department any and all costs incurred in my employment selection, background investigation, equipment issue and training, at the following schedule:

- A. If employment ends prior to the completion of two (2) years of employment with the St. Clair County Sheriff's Department, reimbursement to the St. Clair County Sheriff's Department shall be at the rate of 100% of the costs involved.
- B. If employment ends after a two- (2) year period, but prior to completion of three (3) years, reimbursement shall be made at the rate of **50%** of the incurred costs. Such costs will include, but are not limited to, the following:
  - 1. Personnel costs and employment tests and interviews;
  - 2. Personnel costs for background investigative process;
  - 3. Costs of all medical, psychiatric, polygraph and other employment examinations;
  - 4. All uniforms and equipment issued to me;
  - 5. Personnel costs for my Field Training Officer and other training sessions I may attend;
  - 6. All tuition material fees and related training costs;
  - 7. Salary and other benefits paid to me and/or my Field Training Officer during the time of my training.

I UNDERSTAND that said employment will be contingent upon my completion of a probationary period of **twelve** months, and continued performance to the satisfaction of the St. Clair County Sheriff's Department.

I AGREE that St. Clair County and the Sheriff's Department has not waived any rights, privileges, or prerogatives it has pursuant to the Personnel Code of St. Clair County and the Sheriff's Department; Rules and Regulations of the St. Clair County Merit Commission; Position Classification and Compensation Plan now in effect or as may be altered, deleted, added to, or changed in any way by action of the governing boards.

SHOULD IT BECOME necessary for St. Clair County to file suit in order to collect these costs, I further agree to pay all costs of said suit, attorney's fees, and other related costs by the County, as well as interest allowed at the legal rate on the amount owing the County.

I FURTHER authorize the County to take said money from my check to satisfy either full or partial payment of said costs.

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

ST. CLAIR COUNTY SHERIFF'S DEPARTMENT  
700 NORTH 5<sup>TH</sup> STREET  
BELLEVILLE IL 62220

**DRUG - FREE AGREEMENT**

I, \_\_\_\_\_, expressly understand and agree that as a condition of my employment with the St. Clair County Sheriff's Department, will be subject to each of the following requirements:

1. Successful completion of a pre-employment physical examination, including a drug screen, upon request of the Sheriff's Department.
2. At anytime during my employment with the St. Clair County Sheriff's Department, I may be, upon request, be required to submit to physical examination(s) and/or an unannounced drug screen(s).
3. I hereby authorize release of the results of any of the medical tests and information, including drug screens above, to the St. Clair County Sheriff's Department for departmental use only.

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

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**St. Clair County, Illinois**

**DISCLOSURE**

By this document, we hereby disclose to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

**Please sign below to signify receipt of the foregoing disclosure.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**St. Clair County, Illinois**  
**Consent and Authorization for Release of Personal Information**

In consideration for being reviewed for employment by St. Clair County, Illinois, I, \_\_\_\_\_, do hereby consent to and authorize a review of and full disclosure of all records concerning myself to St. Clair County, Illinois, whether said records are of a public, private or confidential nature.

The intent of this consent and authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings, a consumer report or an investigative consumer report as described in the DISCLOSURE for employment); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have, or have had, an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by St. Clair County, Illinois. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving the information and I do hereby release said person(s) from any and all liability which may be incurred as a result of collecting such information. I further release St. Clair County from any and all liability arising out of its collection and use of information as authorized by this consent document.

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

I have read and fully understand the contents of this authorization for release of personal information.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature (include maiden name)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Area Code Phone Number

\_\_\_\_\_  
Social Security No. DOB

**AFFIDAVIT & AUTHORITY TO RELEASE INFORMATION**

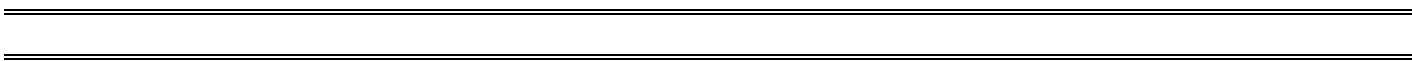
I hereby acknowledge that the information contained in this application is true to the best of my knowledge, and having made application with the St. Clair County Sheriff's Department, and desiring that they be informed of my previous records and character, I hereby authorize investigation into all records which may be of interest to them. This authorization includes, but is not limited to medical, hospital, personnel records, school, juvenile and adult criminal records, military discipline records, whether privileged or not. This authorization is to furnish information is executed in consideration of the St. Clair 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 St. Clair County Sheriff's Department.

\_\_\_\_\_  
Applicant's Signature

STATE OF ILLINOIS)                    ss.  
County of St. Clair    )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_ who being duly sworn deposes and says that he/she read the foregoing application, by him/her subscribed; that he/she understands the contents thereof; that the information given by him/her is true; and that he/she has been informed and understands that any false information given by him/her shall be cause for rejection from the department after appointment.

\_\_\_\_\_  
NOTARY PUBLIC



The following must be enclosed with this application:

- 1. Recent photograph attached to the front page.
- 2. Copy of your birth certificate.
- 3. Copy of your college transcript confirming college requirement.
- 4. Copy of military discharge (if applicable)
- 5. Set of fingerprints taken by a police agency.
- 6. Copy of a valid driver's license.
- 7. Copy of your social security card.
- 8. Copy of your Firearms Owners Identification Card

**No action will be taken by the department on applications received that do not contain the items listed above, or that contain unanswered sections. These applications will be returned to the applicant.**