



Jim Root
Sheriff, Macon County
333 S. Franklin St.
Decatur, Illinois 62523



HIRING DEPUTIES

Starting Wage: Year 1 as of 12/01/23 \$58,041.77

As of 12/01/2024, the salary increases to \$61,466.77

In addition, this position is covered under the CBA and will include structured salary step increases.

The Macon County Merit Commission will be receiving applications to establish an eligibility list for Deputy Sheriff. The application process will begin with the written test through the National Testing Network <https://www.nationaltestingnetwork.com/publicsafetyjobs/>. The application process opens on August 9, 2024, and closes on September 6, 2024. Notification will be made through our web and social media sites. An application packet can be downloaded from our website or emailed directly. To request, please email mjedlicka@sheriff-macon-il.us and include "Deputy Application" in the subject line or pick up in person at 333 S. Franklin St. Decatur, Illinois 62523 between the hours of 8:30 am and 4:30 pm Monday-Friday.

To be considered, an applicant must meet each standard below:

- Be 21 years of age on or before September 30, 2024
- Have vision corrected to 20/20.
- He/she must not have any physical or mental disability that would render him/her incapable of performing the position's duties.
- Have a high school diploma or equivalent (GED)
- Have passed such examinations as the Commission may prescribe occasionally.
- Be acceptable to the Commission on oral interview.
- Be acceptable to the Commission on investigation as to reputation and character.
- Have a valid Illinois driver's license at the time of examination, not subject to suspension or revocation.
- Complete physical agility tests as the Commission may prescribe.
- Complete such medical and psychological tests as the Commission may prescribe.
- Be a citizen or legal resident of the United States.
- Be fingerprinted under the supervision of the Macon County Sheriff's Office.
- Pass a complete and thorough background investigation.
- No applicant shall have been previously convicted of a felony offense or crime of moral turpitude under the laws of Illinois or any other state.
- Reside within a 40-mile radius of the Sheriff's Office Headquarters within one (1) year of appointment as a certified employee.



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Lateral transfers must:

- The applicant shall have served with another police agency for no less than two years.
- The applicant shall have successfully completed the State of Illinois Basic Law Enforcement, Full Time Academy in police training at a state-approved academy.
- The applicant shall consent to a background investigation with his former employer conducted by the Commission or its designated representative.
- The applicant shall not be under any supervision or other discipline by another police agency.

Lateral Transfer Applicant Starting wage: 12/01/2023 \$71,975.72

As of 12/01/2024, the salary increases to \$75,400.74

This position is covered under the CBA and will include structured salary step increases.

Additionally, there is a \$5,000 sign-on bonus for Lateral Transfer applicants, \$2500 at the completion of Field Training, and \$2500 at the completion of probation.

Benefits:

Health Insurance
Dental Insurance
Vision Insurance
Life Insurance

SLEP Retirement

457 Deferred Compensation Supplemental Retirement
Voluntary Additional Contribution Plan (VAC)

Paid training opportunities

A take-home squad car, after successful completion of the probationary period

Employee-provided fitness center

Generous vacation allowance

Schedule: Four days on, three days off, four days on, two days off

9 hours 15-minute shifts



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Dear Applicant,

Thank you for your interest in becoming a Macon County Deputy Sheriff. Our application process has officially opened and will close on September 6, 2024. If you are not a lateral transfer applicant, please go to www.nationaltestingnetwork.com. Once there, you will need to create an account and successfully complete the written exam. In addition to the written exam, an application is required. An application packet can be downloaded from our website or emailed directly to you. To request, please email mjedlicka@sheriff-macon-il.us and include "[Deputy Application](#)" in the subject line or pick up in person at 333 S Franklin St, Decatur, IL Monday-Friday 8:30am-4:30pm.

Below is an estimated schedule of events. The intention is to give candidates a scheduling timeline for the process. The actual date(s) may vary and are subject to change. The final step, List Established/ Conditional Offer, will depend upon openings at that time.

Estimated Schedule of Events - Subject to Change

Application process opens	August 9, 2024
Application process closing	September 6, 2024
Background checks	September 9-20, 2024
Merit Commission interview	September 30- October 11, 2024
Sheriff panel interview	Oct 21-25, 2024
Psych/medical exams	November 4-8, 2024
Early Power test	December 9, 2024
Academy state date	January 5, 2025

If you have any questions, please ask them in writing to mjedlicka@sheriff-macon-il.us.

Respectfully,

Sheriff Jim Root



PRE-APPLICATION FOR EMPLOYMENT

Macon County Sheriff's Office



PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

POSITION APPLIED FOR: _____

E-MAIL: _____

PHONE: _____

DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

MAY WE CONTACT YOU AT WORK? YES NO **PHONE NUMBER:** _____

HAVE YOU EVER BEEN BONDED? YES NO **ARE YOU A U.S. CITIZEN?** YES NO

IF NO, WHAT IS YOUR LEGAL RESIDENT PERMIT NUMBER: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES NO **Dates:** _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO

WHAT HOURS ARE YOU AVAILABLE TO WORK? ANY BUSINESS OTHER _____

PLEASE LIST ANY OTHER NAMES YOU HAVE USED: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

***IF YES, PLEASE EXPLAIN:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES NO

IF YOU HAVE EVER BEEN CONVICTED OF A CRIME LIST EACH OFFENSE:



PRE-APPLICATION FOR EMPLOYMENT

Macon County Sheriff's Office



BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____



PRE-APPLICATION FOR EMPLOYMENT

Macon County Sheriff's Office



AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any authorized representative of the County of Macon bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, credit, educational records and criminal records including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records; medical records (associated to the ability to perform within a specific job assignment) and credit records. I hereby direct you to release such information upon request to the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the County of Macon. I hereby release you, as custodian of such records and any school, college, university, or other bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively; from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with this release. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Print)

Date: _____

Address: _____

Telephone: _____

Witness: _____
Representative of the County of Macon