



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



## JOB POSTING

Date Posted: 09/06/24

We seek qualified individuals to join the Macon County Sheriff's Office Court Security Division. The details of the position are as follows:

**Position:** Court Security Officer

**Hours:** 8:30 AM-4:30 PM, Monday-Friday

**Wages:** The starting salary is \$41,917.94.

### Applicant Requirements:

- 21 years of age
- Not have any physical or mental disability which would render them incapable of performing duties required of the position
- High School graduate or equivalent
- Be a citizen or legal resident
- Possess a valid driver's license
- Be fingerprinted and pass a comprehensive background investigation
- Pass an oral interview
- Pass pre-employment physical and drug test
- Live within 40 miles of the Macon County Sheriff's Office
- Accepted into and complete Basic Correctional Officer Academy Training or equivalent training sufficient to obtain a waiver from ILETSB

Applications can be located on our website [Employment \(sheriff-macon-il.us\)](http://Employment(sheriff-macon-il.us)) or picked up in person at 333 S Franklin St, Decatur, IL 62523 (Monday-Friday 8:30 am-4:30 pm).

If you have any specific questions, please write to [mjedlicka@sheriff-macon-il.us](mailto:mjedlicka@sheriff-macon-il.us). Please submit applications and resumes to [mjedlicka@sheriff-macon-il.us](mailto:mjedlicka@sheriff-macon-il.us) or in person to the attention of Chief Deputy Jedlicka. Please mark emails and dropped envelopes with "Court Security." The selected applicant will undergo a probationary period under the Fraternal Order of Police Bargaining Agreement.

### Benefits:

- Health, Dental, Vision and Life Insurance

Applications will be accepted through 09/23/24 at 4:30 pm.

Chief Deputy M. Jedlicka



# 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:**

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



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## 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** \_\_\_\_\_



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## 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