



Will County Adult Detention Facility

Volunteer /Contractual Employment Application

Employment History

Employer: (most recent)		Position:	
Address:		Telephone:	
Dates of employment:		Contact Person:	

Employer: (previous)		Position:	
Address:		Telephone:	
Dates of employment:		Contact Person:	

Employer: (previous)		Position:	
Address:		Telephone:	
Dates of employment:		Contact Person:	

Personal References

(name)	(address)	(telephone)
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(name)	(address)	(telephone)
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(name)	(address)	(telephone)
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Will County Adult Detention Facility

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Education and Personal History

Education	Name and Location School	Years Attended	Graduation Date
High School			
College			
Trade Business or Technical School			

Have you ever been convicted of a felony? () Yes () No

If yes, please provide explanation including date(s) and charges (s): _____

Have you been a jail employee or volunteer? () Yes () No

Have you been dismissed as a jail employee or volunteer? () Yes () No

If yes, please provide explanation: _____

Do you have any friends or relatives presently held at the Will County Adult Detention Facility? () Yes () No

If Yes, who? _____



Will County Adult Detention Facility

Name: _____

Address: _____

Sex () M () F Date of Birth: _____

Social Security# _____

Driver's License # _____ (State) _____

Position Applied For: _____

I hereby authorize and empower the Will County Sheriff's Office to obtain, prepare, use and furnish information concerning my current and former education, employment, criminal history, credit, general reputation, personal characteristics and mode of living.

I respectfully request that any agency or person contacted furnish to the Will County Sheriff's Office any and all information that you have concerning me, my work record, personality or my reputation. This information is to be used to determine my qualifications.

I hereby release any person, organization, agency and/or your employer from any liability and/ or damage of any nature on account of furnishing the information requested above.

Signature: _____

Witness: _____

Date: _____



Will County Sheriff's Office Adult Detention Facility

Mike Kelley

Sheriff

Bradley Josephson

Chief Deputy

Applicant Name: _____

Position Applied For: _____

Date: _____

CQH/LEADS/NCIC Check Completed: _____

Facility Access Approved: () Yes () No

Facility Administrator: _____

Date Employment Terminated: _____

WCADF I.D. Returned: _____

WCADF Parking Pass Returned: _____

Mail Forms To:

**District No. 51
Attn: Corrections (John H.)
P.O. Box 2113
Joliet, IL 60434**