

# DEPUTY SHERIFF APPLICATION

## WILL COUNTY SHERIFF'S OFFICE SHERIFF MIKE KELLEY

### Eligibility Requirements:

- U.S. citizen
- Must be 21 years of age BY FEB. 1, 2023
- Valid driver's license
- Not have a felony or certain misdemeanor convictions from any jurisdiction
- Resident of Will County within two (2) years after appointment
- AND ONE OF THE FOLLOWING – PLEASE CHECK ONE
  - Associates degree or minimum of 60 semester hours or 90 quarter hours from a regionally accredited college OR;
  - Minimum of four (4) years of full-time continuous law enforcement (Police/Deputy only) on the same department by the written test date (see page #3) OR;
  - Minimum of four (4) years continuous employment with the WCSO as a C.O. AND 30 semester hours from a regionally accredited college by the written test date OR;
  - Educational requirements may be waived with certain military experience, see page #3

RETURN by mail or in person to:

WILL COUNTY MERIT COMMISSION  
16911 W. LARAWAY ROAD – SUITE 201  
JOLIET, IL 60433

MONDAY-FRIDAY 8AM-3:00PM

**24/7 IN DROPBOX AT THE FRONT OF THE BUILDING**

QUESTIONS:

[MERITCOMMISSION@WILLCOSHERIFF.ORG](mailto:MERITCOMMISSION@WILLCOSHERIFF.ORG)

815-727-5680

### INCLUDE WITH YOUR APPLICATION:

1. Processing fee - \$25.00 – Check or Money Order made out to Will County Merit Commission  
FEE IS NON-REFUNDABLE
2. Sealed official college transcripts (or electronically direct from the college)
3. DD214 if applying with military credit
4. If applying with law enforcement experience (Police/Deputy), please attach your law enforcement training certificate

LAST:

FIRST, MIDDLE:

ADDRESS:

CITY, STATE, ZIP:

EMAIL: (PLEASE PRINT NEATLY IN ALL CAPS)

CELL PHONE NUMBER:

AGE:

DATE OF BIRTH:

MALE \_\_\_\_\_

COUNTRY OF BIRTH:

FEMALE \_\_\_\_\_

SOCIAL SECURITY NUMBER: (LAST FOUR ONLY)

VETERAN:

DRIVER'S LICENSE NUMBER:

STATE ISSUED:

YES \_\_\_ NO \_\_\_

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

U.S. CITIZEN:

YES \_\_\_ NO \_\_\_

NATURALIZATION CERTIFICATE NUMBER IF NOT BORN A U.S. CITIZEN:

HAVE YOU EVER APPLIED WITH THE WCSO? YES \_\_\_ NO \_\_\_

IF YES, WHEN DID YOU APPLY? \_\_\_\_\_ POSITION \_\_\_\_\_

IF HIRED, FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIMINAL ACTION AS AN ADULT? YES \_\_\_\_\_ NO \_\_\_\_\_  
**IF YES, GIVE DATE(S), PLACE, AND COMPLETE DETAILS OF INCIDENT/OUTCOME:**

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HAVE YOU EVER BEEN SERVED WITH AN ORDER OF PROTECTION? YES \_\_\_\_\_ NO \_\_\_\_\_  
**IF YES, GIVE DATE(S), PLACE, AND COMPLETE DETAILS OF INCIDENT/OUTCOME:**

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HAVE YOU EVER RECEIVED A TRAFFIC TICKET SINCE YOU WERE 18 YEARS OF AGE? YES \_\_\_\_\_ NO \_\_\_\_\_  
**IF YES, GIVE DATE(S), PLACE, AND COMPLETE DETAILS OF INCIDENT/OUTCOME:**

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HAVE YOU EVEN BEEN STOPPED FOR, ARRESTED, CITED, OR CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS AS AN ADULT? YES \_\_\_\_\_ NO \_\_\_\_\_  
**IF YES, GIVE DATE(S), PLACE, AND COMPLETE DETAILS OF INCIDENT/OUTCOME:**

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HAVE YOU EVER BEEN ARRESTED/BOOKED INTO THE WILL COUNTY ADULT DETENTION FACILITY? YES \_\_\_\_\_ NO \_\_\_\_\_  
**IF YES, GIVE DATE(S) AND COMPLETE DETAIL OF INCIDENT/OUTCOME:**

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\*IF YOU NEED MORE ROOM, PLEASE USE THE BACK OF THE PAGE

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**APPLYING WITH COLLEGE: (PLEASE CHECK THIS BOX IF TRANSCRIPTS ARE COMING ELECTRONICALLY)**

College(s): \_\_\_\_\_

Years completed: \_\_\_\_\_ Number of hours: \_\_\_\_\_ Year of graduation: \_\_\_\_\_ Degree earned: \_\_\_\_\_

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**APPLYING WITH FOUR (4) YEARS CONSECUTIVE LAW ENFORCEMENT EXPERIENCE (POLICE/DEPUTY ONLY):**

LAW ENFORCEMENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATES OF HIRE: \_\_\_\_\_ TO \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

IMMEDIATE SUPERVISOR PHONE NUMBER: \_\_\_\_\_

IMMEDIATE SUPERVISOR WORK EMAIL: \_\_\_\_\_

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**APPLYING WITH MILITARY EXPERIENCE:**

Educational eligibility requirements may be satisfied by certain military experience. A DD214/DD215 must be furnished when applying.

Instead of college you may qualify with:

TWO (2) years of active duty service in a branch of the United States military OR

EIGHTEEN (18) months of active duty service in a branch of the United States military in a designated combat zone.

Branch \_\_\_\_\_

Date of entry \_\_\_\_\_

Date of discharge \_\_\_\_\_

Type of discharge \_\_\_\_\_

Rank at discharge \_\_\_\_\_

Total length of military service \_\_\_\_\_

Designated combat zone served in: \_\_\_\_\_

I certify that I have personally completed this application. That there is no misrepresentation, omission, or falsifications in the foregoing statements and answers, and that entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT