



Merit Commission

William Hass- Chairman

John Callas- Commissioner

William Kauzlarich- Commissioner

Dear Deputy Sheriff Candidate:

Thank you for your interest in a profession as a Deputy Sheriff with Rock Island County. In order to be considered for the Deputy Sheriff positions, applicants must pass **both** an agility test and a written test. The enclosed application packet **must** be completed and turned in **no later than 3:00 PM on Wednesday, January 14, 2026**. The application can be dropped off at the Sheriff's Office or emailed to jlape@ricosheriff.org.

**AGILITY TEST FOR
DEPUTY SHERIFF APPLICANTS**

Date: Saturday, January 17, 2026
Time: Testing will begin promptly at **9:00 AM**
Location: Augustana College- PespiCo Center, 1025 30th Street., Rock Island, IL 61201

NOTE: You must bring your government issued photo identification card in order to take the test. (i.e. driver's license)
Wear work out clothing and running shoes.

WRITTEN TEST FOR DEPUTY SHERIFF APPLICANTS

Date: Saturday, January 17, 2026
Time: Testing will **be immediately following the agility testing.**
Location: Rock Island County Sheriff's Office, 1317 3rd Ave., Rock Island, IL. 61201

NOTE: You must bring your government issued photo identification card in order to take the test. (i.e. driver's license)

If you need additional information, please
contact Chief Deputy Lape at
309-558-3423.

INFORMATION & INSTRUCTIONS FOR ROCK ISLAND COUNTY DEPUTY SHERIFF POSITIONS

The Investigation of Candidate Questionnaire must be completely answered unless they are not applicable. Check your application for completeness. Lack of completion of this form may give cause for the Merit Commission and/or Sheriff's Office to not accept your application. The Merit Commission and/or the Sheriff's Office reserve the right to refuse to examine an applicant or, after examination, to certify him or her as eligible.

- Who is found lacking in any of the established preliminary requirements for the service for which he or she applies.
- Who is physically unable to perform the duties of the position to which he or she seeks appointment as to be determined by agility and/or physical test or examinations.
- Who uses or has used narcotics or intoxicating beverages to excess.
- Who has been convicted of a felony or who has been found by a court of law to be guilty of or has pled guilty to a felony.
- Who has been convicted of any misdemeanor involving moral turpitude.
- Who has been dismissed from any public service for good cause.
- Who has attempted to practice any deception or fraud in his or her application.
- Whose character and employment reference are unsatisfactory.
- Who does not possess a high school education or its equivalent.

An announcement and notification of candidates will be made regarding physical agility and written test dates.

Subsequent to successful completion of the agility and written tests, applicants who are found qualified shall be notified by mail and shall be placed on an eligibility roster, valid for two (2) years. The eligibility roster shall be furnished to the Sheriff. As vacancies occur, applicants will be subject to an interview and background check by the Sheriff's Office and the Sheriff will make the appointment.

It is important for those who qualify for the eligibility roster to note:

- If offered an appointment as a Deputy Sheriff you shall be required to submit to a physical and functionality examination by a licensed physician of the County's choice, and a psychological examination at County expense.

Instructions Summary:

- ☐ Use only black ink or type. Digital PDF signatures are acceptable if you submit it electronically. Electronic submissions can be sent to jlape@ricosheriff.org otherwise you can drop the application off at the sheriff's office or mail it to:

Rock Island County Sheriff's Office
Att: Deputy Sheriff Application
1317 3rd Avenue
Rock Island, IL 61201

- ☐ Keep pages 1-3 labeled instructions and only turn in pages 1-12 labeled application.
- ☐ Return your application form on or before specified date and time. **Be certain the application is complete and accurate. Applications that are not completed will not be accepted.**
- ☐ Return with your application the forms below signed (PDF Digital Signature Acceptable) and completed: **Be certain the forms are all complete and accurate. Applications that do not include the completed forms will not be accepted.**
Release for Physical Agility Test - page 10
Release of Information - page 10
Compliance with Rules - page 10
Ability to Perform Functions of Deputy Sheriff - page 11
Privacy Waiver - page 11
- ☐ **BRING YOUR GOVERNMENT ISSUED PHOTO IDENTIFICATION WITH YOU TO ALL TESTING!** (i.e. driver's license)

APPENDIX A Physical Fitness Standards – December 2022 – For BLE classes beginning after January 1, 2023

1. SIT AND REACH TEST: This is a measure of the flexibility of the lower back and upper leg area. It is an important area for performing police tasks involving range of motion and is important in minimizing lower back problems. The test involves stretching out to touch the toes beyond the extended arms from the sitting position. The score is in the inches reached on a yard stick with 15" being at the toes.

	MALE AGE	MALE AGE	MALE AGE	MALE AGE		FEMALE AGE	FEMALE AGE	FEMALE AGE	FEMALE AGE
TEST: Sit and Reach	20-29	30-39	40-49	50-59		20-29	30-39	40-49	50-59
1-14-91	16.0	15.0	13.8	12.8		18.8	17.8	16.8	16.3
12-15-22	14.4	13.0	12.0	10.5		17.0	16.5	15.0	14.8

2. ONE MINUTE SIT UP TEST: This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems.

	MALE AGE	MALE AGE	MALE AGE	MALE AGE		FEMALE AGE	FEMALE AGE	FEMALE AGE	FEMALE AGE
TEST: One Minute Sit Up Test	20-29	30-39	40-49	50-59		20-29	30-39	40-49	50-59
1-14-91	37	34	28	23		31	24	18	13
12-15-22	33	30	24	19		24	20	14	10

3. ONE REPETITION MAXIMUM BENCH PRESS: This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate.

	MALE AGE	MALE AGE	MALE AGE	MALE AGE		FEMALE AGE	FEMALE AGE	FEMALE AGE	FEMALE AGE
TEST: Bench Press	20-29	30-39	40-49	50-59		20-29	30-39	40-49	50-59
1-14-91	98%	87%	79%	70%		58%	52%	49%	43%
12-15-22	88%	78%	72%	63%		51%	47%	43%	39%

4. 1.5 MILE RUN: This is a timed run to measure the heart and vascular systems' capability to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and to minimize the risk of cardiovascular problems. The score is in minutes and seconds.

	MALE AGE	MALE AGE	MALE AGE	MALE AGE		FEMALE AGE	FEMALE AGE	FEMALE AGE	FEMALE AGE
TEST: 1.5 Mile Run	20-29	30-39	40-49	50-59		20-29	30-39	40-49	50-59
1-14-91	13:46	14:31	15:24	16:21		16:21	16:52	17:53	18:44
12-15-22	14:00	14:34	15:24	16:58		16:46	17:38	18:37	20:44

INVESTIGATION OF CANDIDATE QUESTIONNAIRE ROCK ISLAND COUNTY DEPUTY SHERIFF

Please read these instructions carefully. Failure to return this questionnaire in a properly completed form to the Secretary of the Merit Commission will result in the removal of your name from the list of applicants for the position of Deputy Sheriff.

Read every question carefully. Answer every question leaving no blank spaces. Use the term "N/A" (not applicable) if the question does not apply. If the space is left empty, it will imply that the section is not completed. Failure to complete all provided questions could provide grounds for removal from the list of applicants.

A candidate may be rejected who has made false statement of a material fact or practiced or attempted to practice any deception or fraud on the application, in his/her examination or in securing his/her eligibility for appointment. If an employee is found to have made a false statement of a material fact or practiced or attempted to practice, any deception or fraud in this application or in securing eligibility for appointment that employee may be discharged or otherwise disciplined.

If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number.

The candidate shall personally prepare this form. All entries, except signatures, must be printed legibly with black ink.

Signature	Print name	Date

email address (print legibly):

GENERAL INFORMATION

1.	NAME (Last)		(First)		(Middle)
2.	List any other name or aliases you have used or been known by (include maiden name if applicable) (Last) (First) (Middle)				
3.	HOME ADDRESS (Street address)	(City)	(State)	(Zip)	
4.	PHONE: (Home #)		(Cell #)	(Work #)	
5.	Social Security #		6. Are you 21 years of age? ☐ Yes ☐ No		

7. In chronological order beginning with the most recent location, state each and every place which you have resided in the last five years.		
From (Mo & Yr.)	To (Mo & Yr.)	Address (Street Address, City, State & Zip)

8.	Have you ever been convicted of a criminal offense in this state or elsewhere? ☐ Yes ☐ No		
9.	If the answer to question # 8 is yes, please provide the following information regarding the conviction (s).		
Charge	Location	Police Agency	Court Disposition or Sentence

DRIVING HISTORY			
10. Can you operate an automobile? ☐ Yes ☐ No		11. Do you possess a valid operator's/driver's or chauffeur's license from Illinois? ☐ Yes ☐ No	
12. If your current license is not issued from the State of Illinois, which state is the license issued by?		13. Current driver's license number and expiration date.	
14. Have you ever been refused an operator's or chauffeur's license by any state? ☐ Yes ☐ No		15. If yes to # 14, please provide explanation:	
16. Have you ever had an operator's license or chauffeur's license in any other state? ☐ Yes ☐ No		17. If yes to # 16, please provide explanation.	
18. Have you ever had a license which was suspended or revoked? ☐ Yes ☐ No		19. If yes to # 18, please provide explanation.	
20. List all traffic violations of which you have been convicted below.			
Nature of violation	Approximate Date	Location	Disposition of Case

MILITARY SERVICE

21. Have you ever served in the Armed Forces of the United States? ☐ Yes ☐ No

22. If yes to # 21, how many periods of active military service have you had? (Includes drafts, enlistments or recall to the service.)

23. Provide period(s) of active service

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

24. Branch(es) of service:

1.

2.

3.

25. Highest rank held in military service:

26. Service Serial #:

27. What is the type of your discharge(s) or separation(s) i.e. honorable, general, bad conduct, undesirable, dishonorable etc. (BE EXACT)

28. If you have been in the military service and have a discharge, where is this discharge recorded?

29. Are you now an active or inactive member of the reserve forces of the United States or any foreign government?

☐ Active

☐ Inactive

☐ United States

☐ Foreign government

30. If the answer to # 29 is Active or Inactive, provide branch, unit, rank and address of assignment.

Branch:

Unit:

Rank:

Address of Assignment:

31. Are you now a member of the National Guard? ☐ Yes ☐ No

32. If yes, to # 31, provide State, Unit and Rank.

State:

Unit:

Rank:

EDUCATION

33. Please list the highest level of education completed:

34. List the various schools you have attended and other information requested.

Name & Address of School (include city & state)	# Years completed	Dates Attended	Graduated? Yes or No
High School(s):			
Colleges or Universities:			
Extension or correspondence course(s):			

35. Were you ever expelled or suspended from any school? ☐ Yes ☐ No

36. If yes to # 35, please explain.

37. List other formal education you have had including special training courses.

38. List any professional licenses or certificates you hold or have held.

39. Languages spoken: Languages written:

EMPLOYMENT HISTORY

40. List all positions you have held, including voluntary activities, military service, temporary and part-time jobs.

Current Employer's Name	Address:		Phone:
Name & Title of Supervisor	From:	To:	Type of business: Exact title or position:
Explain Duties:			
Former Employer's Name	Address:		Phone:
Name & Title of Supervisor	From:	To:	Type of business: Exact title or position:
Explain Duties:			
Former Employer's Name	Address:		Phone:
Name & Title of Supervisor	From:	To:	Type of business: Exact title or position:
Explain Duties:			
Former Employer's Name	Address:		Phone:
Name & Title of Supervisor	From:	To:	Type of business: Exact title or position:
Explain Duties:			
Former Employer's Name	Address:		Phone:
Name & Title of Supervisor	From:	To:	Type of business: Exact title or position:
Explain Duties:			
Former Employer's Name	Address:		Phone:
Name & Title of Supervisor	From:	To:	Type of business: Exact title or position:
Explain Duties:			
Former Employer's Name	Address:		Phone:
Name & Title of Supervisor	From:	To:	Type of business: Exact title or position:
Explain Duties:			
Former Employer's Name	Address:		Phone:
Name & Title of Supervisor	From:	To:	Type of business: Exact title or position:
Explain Duties:			
Former Employer's Name	Address:		Phone:
Name & Title of Supervisor	From:	To:	Type of business: Exact title or position:
Explain Duties:			

Indicate any of the above employers whom you do not wish us to contact.

EMPLOYMENT HISTORY (continued)

41. Have you, or any corporation or partnership of which you were an officer, director or partner, ever possessed a license or permit (exclude driver's license) issued by a governmental agency? ☐ Yes ☐ No

If yes, provide details:

42. Has any license or permit (excluding driver's license) issued by any city, state, or federal agency ever been denied to you or to any corporation or partnership or which you were an officer, director or partner? ☐ Yes ☐ No

If yes, provide details:

43. Has any such license or permit ever been revoked, canceled or suspended? ☐ Yes ☐ No

If yes, provide details:

44. Have you ever been employed as a law enforcement officer? ☐ Yes ☐ No

If yes, provide details:

POSITION	Date (from)	Date (to)	Location

45. Were you ever discharged or forced to resign from employment because of misconduct or unsatisfactory service or while under investigation?

☐ Yes ☐ No

If yes, provide details.

46. Are you a citizen of the United States? ☐ Yes ☐ No

47. If no # 46, does your immigration status permit you to work? ☐ Yes ☐ No

48. Explain your reason for applying for this position:

ACQUAINTANCES

49. Fill in below the names of two adults, not related to you and not former employers, who have known you for a period of time preferably more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

Name:	Address:	Home phone:	
Business Address:	Business, occupation or profession:	Business phone:	Years known:
Name:	Address:	Home phone:	
Business Address:	Business, occupation or profession:	Business phone:	Years known:

REFERENCES

50. Fill in below the names of three adults not related to you and not former employers, who have known you for a period of time preferably more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

Name:	Address:	Home phone:	
Business Address:	Business, occupation or profession:	Business phone:	Years known:
Name:	Address:	Home phone:	
Business Address:	Business, occupation or profession:	Business phone:	Years known:
Name:	Address:	Home phone:	
Business Address:	Business, occupation or profession:	Business phone:	Years known:

CONTINUATION SHEET

Indicate to the left, the number of the question you are answering. Then complete your answer in the space provided.

Question #

CONTINUATION OF ANSWER

**RELEASE FOR PHYSICAL AGILITY TEST
DEPUTY**

Recognizing that as part of the selection process for the position of Deputy Sheriff for Rock Island County, the undersigned must participate in a physical agility examination; and in consideration for the acceptance of the undersigned's application for the position of Deputy Sheriff; hereby acknowledges that there are risks. Further, the undersigned hereby releases, remises and discharges Rock Island County, Rock Island County Sheriff's Office and Rock Island County Merit Commission and its employees, the owners of the property on which the test is conducted; and the officers, servants, agents and all employees of any and all of said bodies or agencies, from any and all claims, demands and liabilities on account of any and all injuries, losses and damages arising out of the physical agility examination.

Initials

**RELEASE OF INFORMATION
DEPUTY SHERIFF**

To Whom It May Concern:

I respectfully request that you provide the Rock Island County Sheriff's Office and/or the Rock Island County Merit Commission, any and all information that you may have concerning me, my work record, or my reputation. Also, please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and suitability for the position I am seeking with the Rock Island County Sheriff's Office.

I hereby release you and/or your employer from any liability and damage of any nature whatsoever on account of furnishing the information requested above.

Initials

**COMPLIANCE WITH RULES
DEPUTY SHERIFF**

I hereby agree to abide by all rules and regulations of the Rock Island County Sheriff's Office and/or Rock Island County Merit Commission pertaining to the giving of examinations, grading examinations, and ownership of examinations, their results and other documents associated therewith during the application and selection process; during my probationary period, if appointed, and during the period I am permanently appointed as Deputy Sheriff in and for Rock Island County, Illinois. I further agree that should I fail to abide by said rules and regulations that I will be dismissed from further consideration as a candidate or may be discharged from the service, if already in service.

I further agree that if selected for appointment, I shall abide by all conditions of employment now or hereafter established.

Initials

The signature below indicates that I agree with the Release for Physical Agility Test, Release of Information and Compliance with Rules.

Signature

Print Name

Date

**ABILITY TO PERFORM FUNCTIONS OF THE
ROCK ISLAND COUNTY
DEPUTY SHERIFF**

I understand, in order to be considered as a qualified applicant for the Deputy Sheriff position, you must be able to perform the following tasks (but not limited to):

Maintain law and order. Patrol assigned areas to enforce laws, investigate crimes, and arrest violators which may involve physical exertion. Assume control at traffic accidents to maintain traffic flow, assist accident victims, and investigate causes of accidents. Locate and take persons into custody on arrest warrants. Transport or escort prisoners between courtrooms, prison, medical facilities and mental institutions. Serve subpoenas and summons. Keep order in the courtroom. You will need to be qualified and required to carry a side arm. You must complete a sixteen week off-site (640 hours) training at a certified Illinois Police Academy, which is followed by riding with a Field Training Officer for another fourteen weeks.

Initials

The below signature indicates that I agree with the Ability to Perform Functions of Deputy Sheriff.

Signature

Print Name

Date

**PRIVACY WAIVER
DEPUTY SHERIFF**

I authorize and empower Rock Island Sheriff's Office or Rock Island County Merit Commission, any consumer agency, or other outside service company engaged by said Sheriff's Office or Merit Commission for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristic and mode of living, through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above.

I understand that I may have rights of privacy which are protected by federal and state law, but that I have waived those rights by making application for appointment as a Deputy Sheriff. However, should my application for said appointment be withdrawn or terminated for any cause, whatsoever, this waiver shall cease and be null and void from that date hence; and all inquiries after said date of withdrawal or termination shall not be within the scope of this waiver.

Any copy or reproduction of this document is to be given the same full force and effect as the original.

Signature

Print Name

Date