COOK COUNTY DEPARTMENT OF CORRECTIONS ARSENTEE BID SHEET

Today's Date:						
Name (Last, First,	MI):	Star #:	Employe	e #:	JDE #:	
Rank/Title:	Seniority Date:					
Deputy Status (check one): Deputized Unauthorized to Carry Gender (For BFOQ positions): M F						
FOID (check one) Yes No Expiration Date:						
Driver's License (check one) Yes No Expiration Date:						
Current Division or Work Assignment: Present Shift: Present Detail:						
Enter in the space provided below only the positions that you are bidding for*						
*Applicant must meet all of the following requirements for bidding any position within External Operations: 1. Must be in deputized status; 2. Must be in possession of a current and valid Firearm Owners Identification Card; and 3. Must be in possession of a current and valid Driver's License. 4. YOU MUST ATTACH A CLEAR COPY OF DEPUTY CARD, FOID CARD, AND DRIVER'S LICENSE (INCLUDING THE CERTIFICATE OF EXTENSION STICKER, IF NECESSARY).						
Choice #	Division or Work Ass	sianment	Shift	Detail	Choice	
(In order of Preference)		3				
Sheriff of Cook County Applicant Certification No Political Consideration Certification						
Applicant Name It is the policy of the Office of the Sheriff of Cook County to prohibit unlawful political discrimination. All Sheriff's Office employees are strictly prohibited from taking political reasons or factors into consideration regarding any employment action with respect to non-exempt employees or positions. It is the duty of all Sheriff's Office employees to report unlawful political discrimination. No individual who in good faith reports unlawful political discrimination shall be subject to retaliation. I certify that I am aware of and will fully comply with the above policy. I certify, under penalty of perjury as provided for by law, that no political reasons or factors were considered in any decision I made or action I took relating to this employment action. Further, I do not know of, or have any reason to believe that, anyone else considered or took action based on political reasons or factors with respect to this employment action. I understand that failure to comply with the above policy and/or failure to submit an accurate No Political Consideration Certification form may result in sanctions, including disciplinary action up to and including termination.						
Signature of Applicant Print N		rint Name	ame Date			
Applicant Signature PLEASE PRINT A COPY FOR YOUR OWN REFERENCE For additional selections						
Union Representative Signature				complete additional forms		
Management Representative Signature				Page	of	