

# **SANGAMON COUNTY**

**c/o Sangamon County Board Office**

**200 South Ninth Street, Room 205**

**Springfield, IL 62701**

**(217) 535-3130**

**www.co.sangamon.il.us**

## **APPLICATION FOR EMPLOYMENT**

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Sangamon County is committed to the provisions of Equal Employment Opportunity and Affirmative Action to all applicants regardless of race, color, religion, ancestry, age, sex, marital or veterans' status, national origin, disability or any other legally protected status

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All statements made by applicants for employment on this application form will be checked for accuracy. Please read carefully, answer all questions, and print clearly in ink.

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### **APPLICANT INFORMATION**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: (where you accept mail): \_\_\_\_\_

Telephone number you can be contacted: \_\_\_\_\_

Are you a resident of Sangamon County? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, would you relocate to Sangamon County? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, can you submit a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a legal right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony, or, within the last five (5) years a misdemeanor? \* \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain offense, date of offense, and place in which it occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking unlawful or illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Applicants may not be denied employment because of a conviction record, unless the offense is related to the job which they are applying.

EDUCATION AND EXPERIENCE

What was your highest grade completed? \_\_\_\_\_

Please list any College, University, Trade School or other educational institution attended, degrees received (if any), types of courses taken and number of years attended: \_\_\_\_\_

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

Please list any professional licenses or certifications you hold: \_\_\_\_\_

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

Please list any technical skills for which you have been trained: \_\_\_\_\_

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

Please check skills/equipment operated:

- |   |                                     |                                    |  |
|---|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Lotus 1-2-3    | <input type="checkbox"/> PC         | <input type="checkbox"/> Fax       | <input type="checkbox"/> Scanner       |
| <input type="checkbox"/> WordPerfect    | <input type="checkbox"/> CRT        | <input type="checkbox"/> Microfilm | <input type="checkbox"/> Cash Register |
| <input type="checkbox"/> Windows        | <input type="checkbox"/> Typewriter | <input type="checkbox"/> Copier    | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Group Wise |                                    | _____                                  |

Please provide any additional information such as special skills, training, management or supervisory experience, equipment operation, or other qualifications, including military service, you feel will be helpful to us in considering your application: \_\_\_\_\_

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

**EMPLOYMENT INFORMATION**

Position/Department for which you are applying: \_\_\_\_\_

Type of employment?      ( ) Full-Time      ( ) Part-Time      ( ) Seasonal      ( ) Other: \_\_\_\_\_  
If applying for a part-time or seasonal position, what days and hours are you available to  
work?      Days \_\_\_\_\_      Hours \_\_\_\_\_

Rate of pay expected?      \$ \_\_\_\_\_ (hour), or, \$ \_\_\_\_\_ (monthly salary)

How soon can you report to work? \_\_\_\_\_

Have you been previously employed by the County?      \_\_\_\_ Yes      \_\_\_\_ No  
If yes, date started: \_\_\_\_\_ date ended: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Have you filled out an application with the County in the past twelve months? \_\_\_\_ Yes      \_\_\_\_ No  
If yes, please indicate approximate date: \_\_\_\_\_

Are you presently employed?      \_\_\_\_ Yes      \_\_\_\_ No  
If yes, why do you desire to change employment? \_\_\_\_\_  
\_\_\_\_\_

May we contact your present employer?      \_\_\_\_ Yes      \_\_\_\_ No

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**WORK EXPERIENCE**

(List most recent employers, including volunteer experience)

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Job Position/Title: \_\_\_\_\_ Salary: (starting) \$ \_\_\_\_\_ (ending) \$ \_\_\_\_\_  
Immediate Supervisor(s) Name & Title: \_\_\_\_\_  
Briefly describe your job duties: \_\_\_\_\_

Reason \_\_\_\_\_ for \_\_\_\_\_ leaving?  
\_\_\_\_\_

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Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Job Position/Title: \_\_\_\_\_ Salary: (starting) \$ \_\_\_\_\_ (ending) \$ \_\_\_\_\_  
Immediate Supervisor(s) Name & Title: \_\_\_\_\_  
Briefly describe your job duties: \_\_\_\_\_

Reason \_\_\_\_\_ for \_\_\_\_\_ leaving?  
\_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Job Position/Title: \_\_\_\_\_ Salary: (starting) \$ \_\_\_\_\_ (ending) \$ \_\_\_\_\_  
Immediate Supervisor(s) Name & Title: \_\_\_\_\_  
Briefly describe your job duties: \_\_\_\_\_

Reason \_\_\_\_\_ for \_\_\_\_\_ leaving?

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**JOB APPLICANT'S AGREEMENT AND CERTIFICATION**  
(PLEASE READ CAREFULLY, BEFORE SIGNING)

“I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment, or if employed and found later, discharge.”

“I understand that prior to being offered employment with Sangamon County, a background check may be initiated. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damage on account of having furnished such information.”

“I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Sangamon County and myself. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the Sangamon County unless made in writing.”

“I understand that prior to being offered employment with Sangamon County, I may be required to take a physical examination. In the event I have a disability which will affect my ability to take the test, I will so inform the County prior to the administration of the test so that a reasonable accommodation can be made. Requesting accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The County reserves the right to require medical documentation concerning the need for such accommodations.”

“I understand that this application will be kept on active file for sixty (60) days from the date completed, after which time I would have to reapply in accordance with established County policy.”

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Date

\* Application will not be processed unless they are signed and dated by the applicant.