

# Application for Employment --PLEASE PRINT



Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Position (s) Applied For \_\_\_\_\_

Type of employment desired?  Full Time  Part Time  Temporary  Seasonal  Internship/Co-Op

Referral Source  Newspaper Ad \_\_\_\_\_  Website \_\_\_\_\_  Walk-in

Private Employment Agency  Employee  Relative  Friend

Name of Source \_\_\_\_\_  Other \_\_\_\_\_

Name

\_\_\_\_\_ Last First Middle

Mailing Address \_\_\_\_\_ Street City State Zip Code

Physical Address if different \_\_\_\_\_ Street City State Zip Code

\_\_\_\_\_ Street City State Zip Code

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Area Code

Area Code

Preference:  Home Phone  Cell Phone Best time/day to reach you? \_\_\_\_\_

May we contact you at work? .....  YES  NO

If yes, work number and best time to call ..... (\_\_\_\_\_) \_\_\_\_\_

Area Code

Time

Email address: \_\_\_\_\_

Have you filed an application here before? .....  YES  NO

If yes, when? ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed here before?....  YES  NO If yes, give dates \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this county? .....  YES  NO

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you on lay-off and subject to recall? .....  YES  NO

Will you travel if job requires it? .....  YES  NO

Are you able to meet the requirements of the position? .....  YES  NO

Will you work overtime if required? .....  YES  NO

Have you ever been bonded? .....  YES  NO

Have you ever been convicted of a misdemeanor or felony? .....  YES  NO

(A conviction will not necessarily disqualify you from employment.)

If YES, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Employment History** --List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

<b>Employer #1</b>	Telephone (    )	Dates Employed		Summarize the work performed and job responsibilities
		From	To	
Address				
Job Title		Starting Compensation		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Final Compensation		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
<b>Employer #2</b>	Telephone (    )	Dates Employed		Summarize the work performed and job responsibilities
		From	To	
Address				
Job Title		Starting Compensation		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Final Compensation		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
<b>Employer #3</b>	Telephone (    )	Dates Employed		Summarize the work performed and job responsibilities
		From	To	
Address				
Job Title		Starting Compensation		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Final Compensation		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
<b>Employer #4</b>	Telephone (    )	Dates Employed		Summarize the work performed and job responsibilities
		From	To	
Address				
Job Title		Starting Compensation		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Final Compensation		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment). \_\_\_\_\_

**Skills and Qualifications**-- Summarize special skills and qualifications acquired from employment or other experiences.

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**Educational Background** -- List the last three (3) schools attended, *starting with the most recent*.

School	Years Completed	Degree/Diploma	GPA/Class Rank	Major	Minor

**References**--List three (3) professional references who are *not* related to you.

Name and Relationship	Telephone	Years Known
	( )	
	( )	
	( )	

**Professional, trade, business, or civic associations**-- (Exclude membership which would reveal sex, race, religion, national origin, color, age, disability or other protected status.)

Organization	Offices Held

**Accomplishments and /or Awards**-- (Exclude information which would reveal sex, race, religion, national origin, color, age, disability or other protected status.)

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List any additional information you would like us to consider. \_\_\_\_\_

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- It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and / or separation from the employer's service if I have been employed.
- I give the Employer the right to investigate and to secure additional information about me such as academic, achievement, employment, attendance, performance, disciplinary, background checks, references, criminal history records, etc., if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.
- I waive any right that I may have pursuant to the Illinois Personnel Record Review Act to written notice from former or current employers before they release information to Grundy County.
- The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
- I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.
- I hereby authorize all previous employers and all references to release any relevant information to Grundy County.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_