

EMPLOYMENT APPLICATION
Return application to: Rock Island County, Attn: Human Resources
1504 Third Avenue, Rock Island, IL 61201

Rock Island County...Build the future and improve the quality of life for our community.

Rock Island County is an Equal Opportunity Employer. All applicants will receive consideration for employment without regard to age, sex, disability, race, religion, color, marital status, sexual orientation or national origin.

PERSONAL INFORMATION (Please print)

Name _____ Phone Number _____
 (Last) (First) (Middle Initial)

Address _____ City _____
 (Street)

State _____ Zip Code _____ Email Address _____

List additional names you have used or been known by _____

Date: _____		Date available to work: _____	
Position Desired: _____		How were you referred to Rock Island County? _____	
Have you previously applied for employment with Rock Island County? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Preference: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		Desired Salary: _____	
Are you available: <input type="checkbox"/> 40 hours <input type="checkbox"/> Over 40 hours <input type="checkbox"/> Irregular shifts <input type="checkbox"/> Nights <input type="checkbox"/> Saturdays or Sundays <input type="checkbox"/> Holidays			
Are you related to a current employee of Rock Island County? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of employee _____ Relationship _____ Department _____	
Have you previously been employed by Rock Island County? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____ Department _____ Supervisor _____	
Do you have an active driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have an active CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No Classification: _____	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Illinois applicants, you are not obligated to disclose sealed or expunged records of conviction or arrest.</i> If yes, you must provide the following information: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Name of crime(s)/conviction(s) _____ Date of conviction(s) _____ Name and location of Court(s) which convicted _____			

EDUCATION AND TRAINING

Type of School	Name and Location of School	Graduated?	Major Field	Diploma or Degree
High School	_____	<input type="checkbox"/> Yes	_____	_____
	_____	<input type="checkbox"/> No		
College	_____	<input type="checkbox"/> Yes	_____	_____
	_____	<input type="checkbox"/> No		
Graduate	_____	<input type="checkbox"/> Yes	_____	_____
	_____	<input type="checkbox"/> No		
Other (Trade, Technical, etc.)	_____	<input type="checkbox"/> Yes	_____	_____
	_____	<input type="checkbox"/> No		
Special Qualifications and Skills (including computer, typing, shorthand, specialized training, extra-curricular activities, etc.) _____ _____				

EMPLOYMENT RECORD

List present and most recent employer first, include military service and volunteer work.

Employer:	Employment Dates From: _____ To: _____	Work Performed: _____ _____ _____ _____
Address & Phone #:		
Job Title:	Hourly Rate/Salary Starting: _____ Final: _____	
Supervisor:		
Reasons for leaving:	May we contact <input type="checkbox"/> Yes this employer? <input type="checkbox"/> No	
Employer:	Employment Dates From: _____ To: _____	Work Performed: _____ _____ _____ _____
Address & Phone #:		
Job Title:	Hourly Rate/Salary Starting: _____ Final: _____	
Supervisor:		
Reasons for leaving:	May we contact <input type="checkbox"/> Yes this employer? <input type="checkbox"/> No	
Employer:	Employment Dates From: _____ To: _____	Work Performed: _____ _____ _____ _____
Address & Phone #:		
Job Title:	Hourly Rate/Salary Starting: _____ Final: _____	
Supervisor:		
Reasons for leaving:	May we contact <input type="checkbox"/> Yes this employer? <input type="checkbox"/> No	
Employer:	Employment Dates From: _____ To: _____	Work Performed: _____ _____ _____ _____
Address & Phone #:		
Job Title:	Hourly Rate/Salary Starting: _____ Final: _____	
Supervisor:		
Reasons for leaving:	May we contact <input type="checkbox"/> Yes this employer? <input type="checkbox"/> No	

Have you ever been dismissed or forced to resign from any previous position? This includes any previous position not listed on this application. Yes No **If yes, please explain:**

PROFESSIONAL REFERENCES (Do not include relatives or former employers.)

Name	Address	Telephone	Occupation	Years

APPLICANT'S STATEMENT – Please read before signing.

In making this application for employment, I understand Rock Island County may conduct investigations including verifications of prior employment history and education. I hereby certify that all statements in this application are true. I understand that any false statements, omissions or misrepresentations will result in the offer of employment to be rescinded or employment to be terminated.

Signature _____

Date _____