

County of Rock Island, Illinois

EMPLOYMENT APPLICATION

THE COUNTY OF ROCK ISLAND IS AN EQUAL OPPORTUNITY / REASONABLE ACCOMODATION EMPLOYER

County of Rock Island, Human Resource Department, 1504 Third Avenue, Rock Island, IL 61201

HR Department (309) 558-3610 / Fax (309) 558-3587

INSTRUCTIONS: Answer all questions completely and honestly. Type or print all answers. Sign the application and any supplemental forms. An applicant will not be considered without a completed application. Resumes are accepted, but only in addition to the application. Any omission, mis-statement, or falsification may be cause for you to be removed from further consideration in the employment process or discharged from County service. Applications must be received by the posted deadline, whether submitted in person, by fax, or by e-mail. The County of Rock Island is not responsible for applications that are not received by the posted deadline.

General Information

Position Applying For:		Date Available:	
Name: <div style="display: flex; justify-content: space-between; width: 100%;"> (First) (Middle Initial) (Last) </div>			
Address:			
City:	State:	Zip Code:	
Telephone:		Other Phone:	
E-Mail Address:			
Have you ever used or been known by any other names? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Names:			
How were you referred to this position?			
Desired Salary:		Minimum Salary Acceptable (Optional):	

Have ever been employed by Rock Island County? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes: Position: _____ Date(s): _____
Have you ever been terminated, discharged, or asked to resign from any employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please briefly explain:
Are you related to any County employee or elected official? Yes <input type="checkbox"/> No <input type="checkbox"/>

In the last seven years have you ever been convicted of a violation of law other than a minor traffic violation?
 Yes No

If yes, please explain.
 (Applicant not obligated to disclose expunged juvenile records of adjudication or arrest)
 (The term "convicted" includes any conviction, a guilty plea, a no contest plea, a suspended sentence, or a deferred judgment.
 Conviction of a crime does not necessarily constitute automatic bar from employment.)

<p>I will accept (check all that apply):</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Regular</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</td> <td style="width: 50%; vertical-align: top;"> <p>Temporary</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal</td> </tr> </table> <p>Shift: Days <input type="checkbox"/> Evenings <input type="checkbox"/> On Call <input type="checkbox"/></p> <p>Date available to start work:</p>	<p>Regular</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<p>Temporary</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	<p>Do you have a legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>All new hires will be required to submit verification of the legal right to work in the United States within (3) business days of employment. In accordance with the Immigration Reform and Control Act of 1986 we are legally prohibited from employing anyone who cannot provide such verification.</p> <p>Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Regular</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<p>Temporary</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		

EDUCATION, TRAINING, AND SKILLS

Proof of education and/or professional certifications may be required prior to hire.

Driver's License Information:

Do you have a valid driver's license?	State:	CDL?
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
List any CDL endorsements:		

Do you have a high school diploma or G.E.D.? Yes No

If no, please indicate the highest grade completed:

Education Information:

Name of High School / College / University:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Professional Registrations, Licenses, and/or Certifications that relate to this position:

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

List any specialized training you have received that relates to this position:
List equipment and/or computer software applications you are proficient in operating that relate to this position:

EMPLOYMENT HISTORY

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last ten years. Include experience prior to ten years ago if it relates to the position to which you are applying. Your qualifications will be evaluated based in part on the information you provide on this application form.

Employer:	Phone #
Position Title:	Employment Dates (mo/yr) From: To:
Address:	City: State: Zip:
Direct Supervisor:	Phone #
	Hours per week:
Job Duties:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving or wanting to leave?	

Employer:	Phone #
Position Title:	Employment Dates (mo/yr) From: To:
Address:	City: State: Zip:
Direct Supervisor:	Phone #
	Hours per week:
Job Duties:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Position Title:	Employment Dates (mo/yr) From: To:
Address:	City: State: Zip:
Direct Supervisor:	Phone #
	Hours per week:
Job Duties:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Position Title:	Employment Dates (mo/yr) From: To:
Address:	City: State: Zip:

Direct Supervisor:	Phone #
	Hours per week:
Job Duties:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving or wanting to leave?	

PROFESSIONAL REFERENCES – PROVIDE AT LEAST THREE

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

I hereby certify that the statements made on this employment application are accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, incomplete, or misleading information I may not be eligible for employment and if hired I will be subject to termination.

_____ Date: _____
Signature

If completed electronically: By checking the signature box and typing my name, I electronically affix my signature to this employment application:

Signature: Name: _____ Date: _____