

**ROCK ISLAND COUNTY SHERIFF'S OFFICE  
EMPLOYMENT APPLICATION**

**Return application to: Rock Island County Sheriff's Office, Attn: Administration  
1317 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 type or 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 <b>applied</b> for employment with Rock Island County? Yes ___ No ___		If yes, when? _____	
Are you 18 years of age or older? Yes ___ No ___	Do you have the legal right to work in the U.S.? Yes ___ No ___		
Work Preference: Full-time _____ Part-time _____		Desired Salary: _____	
Are you available: 40 hours ___ Over 40 hours ___ Irregular shifts ___ Nights ___ Saturdays or Sundays ___ Holidays ___			
Are you related to a current employee of Rock Island County? Yes ___ No ___	If yes, name of employee _____ Relationship _____ Department _____		
Have you previously been employed by Rock Island County? Yes ___ No ___	If yes, when? _____ Department _____ Supervisor _____		
Do you have an active driver's license? Yes ___ No ___	Do you have an active CDL? Yes ___ No ___ Classification: _____		
Have you ever been convicted of a crime? Yes ___ No ___ <b>For Illinois applicants, you are not obligated to disclose sealed or expunged records of conviction or arrest. If yes, you must provide the following information:</b> Felony ___ 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		Yes _____		
		No _____		
College		Yes _____		
		No _____		
Graduate		Yes _____		
		No _____		
Other (Trade, Technical, etc.)		Yes _____		
		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:	May we contact this employer? Yes_____ No_____	
Supervisor:		
Reasons for leaving:		
Employer:	Employment Dates From: _____  To: _____	Work Performed:  _____  _____  _____  _____
Address & Phone #:		
Job Title:	May we contact this employer? Yes_____ No_____	
Supervisor:		
Reasons for leaving:		
Employer:	Employment Dates From: _____  To: _____	Work Performed:  _____  _____  _____  _____
Address & Phone #:		
Job Title:	May we contact this employer? Yes_____ No_____	
Supervisor:		
Reasons for leaving:		
Employer:	Employment Dates	Work Performed:

Address & Phone #:	From: _____	_____
	To: _____	_____
Job Title:	May we contact this employer? Yes____ No____	_____
Supervisor:		_____
Reasons for leaving:		

**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 \_\_\_\_\_