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

GENERAL APPLICATION FOR EMPLOYMENT

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.

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.

APPLICANT INFORMATION

Name: _______________________________________

Address: (where you accept mail):_______________________________________________________________

Telephone number you can be contacted:  _____________________  E-mail:____________________________

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: ____________________________________________________________

________________________________________________________________________________
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:

____ Access   ____ Excel   ____ PC   ____ Fax   ____ Scanner

____ WordPerfect   ____ Microsoft Word

Other Software programs or specialized equipment (List): _________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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

WORK EXPERIENCE
(List most recent employers, including volunteer experience)

Employer: ________________________________________ Dates Employed: ____________ to ___________
Address: _____________________________________________ Phone No. ( ) _________________________
Job Position/Title: _______________________________
Immediate Supervisor(s) Name & Title: _________________________________________________________
Briefly describe your job duties: ________________________________________________________________________________________________

Reason for leaving? __________________________________________________________________________

Employer: ________________________________________ Dates Employed: ____________ to ___________
Address: _____________________________________________ Phone No. ( ) _________________________
Job Position/Title: _______________________________
Immediate Supervisor(s) Name & Title: _________________________________________________________
Briefly describe your job duties: ________________________________________________________________________________________________

Reason for leaving? __________________________________________________________________________

Employer: ________________________________________ Dates Employed: ____________ to ___________
Address: _____________________________________________ Phone No. ( ) _________________________
Job Position/Title: _______________________________
Immediate Supervisor(s) Name & Title: _________________________________________________________
Briefly describe your job duties: ________________________________________________________________________________________________

Reason for leaving? __________________________________________________________________________
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 it is signed and dated by the applicant.