



TAZEWELL COUNTY SHERIFF'S OFFICE

PLEASE COMPLETE ALL PAGES ATTACHED
APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARTIAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
Last Name		First Name	Middle Name
Address		City	State Zip Code
Phone Number(s)	Date of Birth	E-Mail Address	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If yes, give date _____

Have you ever been employed with us before?

Yes No

If yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes No

(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

If yes, please explain _____

EDUCATION

	Name/Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Any inaccurate statements or omission of information will be considered falsification of this application.

Employer _____ Job Title _____
Address _____ Phone # _____
Supervisor _____ Dates Employed _____ to _____
Work Performed _____
Starting Wages _____ Final Wages _____
Reason for leaving _____

Employer _____ Job Title _____
Address _____ Phone # _____
Supervisor _____ Dates Employed _____ to _____
Work Performed _____
Starting Wages _____ Final Wages _____
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Employer _____ Job Title _____
 Address _____ Phone # _____
 Supervisor _____ Dates Employed _____ to _____
 Work Performed _____
 Starting Wages _____ Final Wages _____
 Reason for leaving _____

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

State any additional information you feel may be helpful in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?	YES	NO
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REFERENCES

1. _____ (____) _____
Name Phone

Address
2. _____ (____) _____
Name Phone

Address
3. _____ (____) _____
Name Phone

Address

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by the rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	Yes	No	
Remarks	_____		

Employed	Yes	No	Date of Employment _____
Job Title	_____	Hourly Rate _____	Department _____

Notes



TAZEWELL COUNTY SHERIFF'S OFFICE

RELEASE AUTHORIZATION

I hereby authorize the release of any military, medical, employment, credit, and school records or transcripts to the Tazewell County Sheriff's Office.

I further authorize the Tazewell County Sheriff's Office to investigate my character and background, and to solicit any information that might be used in the evaluation of my employment potential with the Tazewell County Sheriff's Office. I also authorize an investigation of all statements made in my application for employment with the Tazewell County Sheriff's Office.

In making such authorization, I release the contributor, agents of the contributor, the County of Tazewell, State of Illinois, and it's agents from all liability for any damage arising there from.

Signature of Applicant

Date of Application

Driver's License Number

Date of Birth

Previous Names: _____

