

**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](http://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 and answer all questions in their entirety.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: (where you accept mail): \_\_\_\_\_

Contact information:

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Are you a resident of Sangamon County?	___	___	___
If no, would you relocate to Sangamon County?	___	___	___
Are you 18 years of age or older?	___	___	___
If no, can you submit a work permit?	___	___	___
Do you have a legal right to work in the United States?	___	___	___

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:

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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?    \$ \_\_\_\_\_ (hourly)    **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: \_\_\_\_\_

Job Position/Title: \_\_\_\_\_

Immediate Supervisor(s) Name & Title: \_\_\_\_\_

Briefly describe your job duties:

Reason for leaving?

Employer: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Position/Title: \_\_\_\_\_

Immediate Supervisor(s) Name & Title: \_\_\_\_\_

Briefly describe your job duties:

Reason for leaving?

Employer: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Position/Title: \_\_\_\_\_

Immediate Supervisor(s) Name & Title: \_\_\_\_\_

Briefly describe your job duties:

Reason for leaving?

Employer: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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.”

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Signature of Applicant\* Date\*

*\*Application will not be processed unless it is signed and dated by the applicant.*