

SANGAMON COUNTY CENTRAL DISPATCH SYSTEM

2000 Shale Street
Springfield, Illinois 62703-5694
Phone: (217) 753-6839 Fax: (217) 753-6372

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.

Name: _____
Last First Middle

Social Security #: _____

Address: _____
Street Address (include Apartment or Lot Numbers)

City State Zip Code

Contact Phone Numbers:

Home: _____ Cellular: _____

Work: _____ (If able to receive calls)

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:

Have you ever been convicted of a felony or within the last five (5) years a misdemeanor? ____ Yes ____ No

If yes, please explain offense, date of offense, and place in which it occurred:

Are you currently taking unlawful or illegal drugs? ____ Yes ____ No

Are you able to work any shift, weekends, holidays and mandatory overtime? ____ Yes ____ No

EDUCATION AND EXPERIENCE

Do you have a High School Diploma or GED? ____ Yes ____ No

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 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 for which you are applying: _____

Are you presently employed? ____ Yes ____ No

If yes, why do you desire to change employment?

May we contact your present employer? ____ Yes ____ No

WORK HISTORY AND EXPERIENCE

(List all employers, including volunteer experience, for the last 10 years)

Employer: _____ Dates Employed: _____ to _____

Address: _____ Phone: _____

Job Position/Title: _____

Immediate Supervisor(s) Name & Title: _____

Briefly describe your job duties:

Reason for leaving?

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Job Position/Title: _____

Immediate Supervisor(s) Name & Title: _____

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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 Central Dispatch System, a background check will 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 Central Dispatch System and myself. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the Sangamon County Central Dispatch System unless made in writing."

"I understand that prior to being offered employment with Sangamon County Central Dispatch System, I may be required to take a physical examination, and will be required to take drug test. In the event I have a disability which will affect my ability to take the test, I will so inform Sangamon County Central Dispatch System 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. Sangamon County Central Dispatch System 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 one year from the date completed, after which time I would have to reapply in accordance with established Sangamon County Central Dispatch System policy."

Signature of Applicant*

Date

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