

SANGAMON COUNTY CENTRAL DISPATCH SYSTEM

2000 Shale Street Springfield, IL 62703-5694 Phone: 217.753.6839 Fax: 217.753.6372

EMPLOYMENT APPLICATION

Date of Application

Position

PERSONAL INFORMATION

Full Name

Social Security

Gender

18 yrs or older?

Work Permit?

Phone Number

Email Address

Address

City/Zip:

Legally able to work in US?

No, explain:

EDUCATIONAL BACKGROUND

Do you have an HS Diploma or GED?

Highest Grade Completed?

Please list any College, University, or Trade schools attended and coursework.

Please list any professional licenses, certifications, or technical skills you hold.

Please provide and additional information such as training, equipment operation, military service, or qualifications you feel maybe helpful in considering your application.

EMPLOYMENT STATUS

Are you currently employed?

Can we contact your current employer?

If yes, why are you looking for a change?

Sangamon County is committed to the provisions of EEO and AA to all applicants regardless of race, color, religion, age, sex, marital or veterans' status, national origin, disability or any other legally protected status.

ALL STATEMENTS WILL BE CHECKED FOR ACCURACY. PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS.

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EMPLOYMENT APPLICATION

WORK HISTORY

Employer:

Dates of Employment Title

Address Phone Number

Supervisor/Title/Contact Info

Duties:

Reason for leaving

Employer:

Dates of Employment Title

Address Phone Number

Supervisor/Title/Contact Info

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EMPLOYMENT APPLICATION CONTINUED

WORK HISTORY

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Dates of Employment Title

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Reason for leaving

Employer:

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Address Phone Number

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DUPLICATE PAGE FOR ADDITIONAL EMPLOYERS

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EMPLOYMENT APPLICATION

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 SCCDS, 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 SCCDS and myself. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the SCCDS unless made in writing."

"I understand that prior to being offered employment with SCCDS, 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 SCCDS 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. SCCDS 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 SCCDS policy."

Signature of Applicant

Date

THANK YOU FOR APPLYING