

SANGAMON COUNTY
Veterans Assistance

Commission

**901 S. 11th Street
Springfield, IL 62703
(217) 753-6680**

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: _____

Describe any U.S. Military Service (Branch, Rank, Nature, and Date of Discharge): _____

***Please include a copy of your DD 214 with your application;** In accordance with the Military Veterans Assistance Act, "(h) Superintendents, subject to rules formulated by the Commission, shall select, as far as possible, Veteran Service Officers and other employees from among military veterans, including those who have served or may still be serving as members of the Illinois National Guard or a reserve component of the armed forces of the United States, who did not receive a bad conduct or dishonorable discharge or other equivalent discharge thereof, or their spouses, surviving spouses, or children. Employees of the Commission shall be at-will employees."

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.