

Application for Employment

Crawford County Government
 P.O. Box 616
 Robinson, IL 62454

We consider applicants for all positions without regard to race, color, religion, national origin, citizen status, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service, or any other legally protected status.

PLEASE PRINT – Applicant must completely answer each question or the application will not be processed.

Department Applied For	Date of Application
Position(s) Applied For	
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

PERSONAL

Last Name	First Name	Middle Name
Street/Mailing Address	City	State
		Zip Code
Telephone Number(s)	Email 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 _____

Do you know anyone who works for this company?

Yes No

If yes, who? _____

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 for work?

Are you available to work: Full Time Part Time Temporary

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

Yes No

Have you taken any illegal drugs within the last thirty (30) days?

Yes No

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH								
COLLEGE								
COLLEGE								

OTHER Business College, Special Courses (Include Special Military Training, Post Graduate and Nursing)

AREA OF SPECIALIZATION OR MAJOR INTEREST

COMPUTER EXPERIENCE: Beginning ___ Intermediate ___ Advanced ___

LIST SPECIAL SKILLS, EXPERIENCE, SPECIAL TRAINING, AND/OR INDUSTRIAL EQUIPMENT OPERATED:

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

PROFESSIONAL LICENSES AND/OR CERTIFICATION

ARE YOU CURRENTLY: ELIGIBLE FOR:	<input type="checkbox"/> REGISTERED	<input type="checkbox"/> LICENSED	<input type="checkbox"/> CERTIFIED	
	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFICATION	
IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.

LANGUAGE SKILLS

LANGUAGE	DO YOU SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

MILITARY/VOLUNTEER

Did you serve in the U.S. Armed Services?	Yes	No	What Branch?
Have you volunteered your time or services?	Yes	No	Where?
Briefly describe duties and skills acquired through volunteer or military service: (include dates)			

EMPLOYMENT EXPERIENCE

Have you ever been discharged or forced to resign? (If yes, please explain.) Yes No

Did you receive any disciplinary action within the last twelve (12) months of active employment? (If yes, please explain.) Yes No

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.

Employer		Date Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Date Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Date Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Date Employed		Worked Performed
		From	To	
Address				

Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			

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

REFERENCES

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:			
NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

SIGNATURE

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I consent to any medical examination required by the facility at any time to determine my ability to perform the duties of my job or other jobs with the facility and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand that I may be required to satisfactorily complete a drug screening as a condition of employment. I understand the facility may have a no-smoking policy and I agree to comply with its requirements.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Crawford County Government to hire me. If I am hired, I understand that either Crawford County Government or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Crawford County Government has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Crawford County Government true and complete information on this application. No requested information has been concealed. I authorize Crawford County Government to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers, and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

Date: _____ Signature: _____

THIS APPLICATION VALID FOR 60 DAYS FROM THE DATES SIGNED/DATED ABOVE.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks: _____

		INTERVIEWER	DATE
Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment: _____	
Job Title: _____	Hourly Rate/Salary: _____	Department: _____	
By _____	Name and Title	Date: _____	

NOTES:
