

APPLICATION FOR EMPLOYMENT

FORD COUNTY SHERIFF'S OFFICE
AND CORRECTIONAL FACILITY

NAME: _____
POSITION: _____
DATE: ____/____/____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

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 any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and location _____

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.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)

Part Time (Please indicate Mornings Afternoon Evenings)

Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____ POSITION: _____ DATE: _____ / _____ / _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

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	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

FORD COUNTY

Pre-employment Qualifications

Applicants....Retain this sheet for your information

A. Applicants who desire employment with the Ford County Sheriff's Office as a Deputy Sheriff or Deputy Corrections Officer, Bailiff, or Courthouse Security shall satisfy the following criteria acceptable for employment:

1. US Citizen.
2. 21 years of age.
3. Possess a valid Illinois driver's license.
4. Possess a high school diploma or General Education Development (GED) certificate of completion.
5. Normal eyesight correctable to 20/20, and free of colorblindness.
6. Normal ability to speak clearly and concisely.
7. Weight commensurate with height, and in a physical condition acceptable for law enforcement or correction duties.
8. Have no convictions involving felony or serious misdemeanor offenses, or convictions related to moral turpitude.
9. Successful completion of pre-employment screening requirements which may include the following:
 - Background investigation
 - Physical examination *
 - Drug Screening*

* At county expense, after a conditional offer of employment.

FORD COUNTY
SHERIFF'S OFFICE

Instruction Sheet

1. The following documents must accompany the completed Application for Employment:

- * Copy of birth certificate.
- * Copy of Illinois drivers license.
- * Copy of high school diploma or GED certificate.
- * Copy of DD Form 214, Certificate of Release or Discharge from Active Duty (military veterans only).
- * Recent full-length standard photograph (of applicant).
- * Notarized "Authorization for Release of Information" form.

2. Applications must be **fully completed** and returned to the address listed below. The application package must be received by _____. Applications received after the due date **will not** be considered.

Ford County Sheriff's Office
Attn: Barbara King, Chief Administrative Assistant
235 N. American
Paxton, IL 60957

