



Employment Application

Please complete all questions for employment consideration

Name _____
First Middle Initial Last

Present Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

List any additional names you have used which will permit us to check your work record _____

Type of work or position applied for? _____ Full Time Part Time

Date Available to Begin work _____

Days Available _____ Hours Available _____

Describe why you are qualified for the position (Please attach current Resume) _____

Have you ever applied at or been employed by LaSalle County before? Yes No

If yes, when? _____

If you have relatives employed by LaSalle County, their name(s)/relationship(s) _____

If you would be engaged in any other work while in our employ, please explain _____

Are you legally entitled to work in the United States? Yes No

If hired, can you provide documentation of this eligibility? Yes No

Are you over 16? Yes No

HISTORY OF EMPLOYMENT

List your complete employment record (including temporary, regular, and part-time) in date order.
List the most recent first. Include military service if applicable.

MOST RECENT EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Address _____

Supervisor's Name/Title _____ Contact Information: _____

Starting Position _____ Ending Position _____

From _____ To _____ Brief Job Description _____

Reason for Leaving _____

EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Address _____

Supervisor's Name/Title _____ Contact Information: _____

Starting Position _____ Ending Position _____

From _____ To _____ Brief Job Description _____

Reason for Leaving _____

EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Address _____

Supervisor's Name/Title _____ Contact Information: _____

Starting Position _____ Ending Position _____

From _____ To _____ Brief Job Description _____

Reason for Leaving _____

Please explain all periods of unemployment within the past 5 years (periods of 4 weeks or more)

| From | To | Reason |
|------|----|--------|
| | | |

EDUCATIONAL BACKGROUND

| School Name/ Address | Dates Attended | Date Graduated | Diploma / Degree Certificate | Grade Point / Honors |
|-------------------------|-------------------|-------------------|---------------------------------|----------------------|
| HIGH SCHOOL | N / A | N / A | | |
| BUSINESS / TRADE | | | | |
| COLLEGE / UNIV. | | | | |

TRAINING OR EXPERIENCE PERTINENT TO THE JOB

Computer Skills: _____

Equipment/Vehicles: _____

Other Skills / Qualifications: _____

ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT

Please read thoroughly before signing

It is understood that this application is not an obligation of employment. This application will remain active for 90 days. Reapplication is necessary after that time period.

I hereby authorize the County to investigate all references and former employment, and I release from liability those supplying such information. Upon offer of employment, I may be required to take a drug test and may also be required to demonstrate my ability to meet the physical requirements necessary to perform all job duties by passing a physical evaluation test. All testing will be at the County's expense. I realize that an offer of employment is contingent upon my test results being substance-free and satisfactory information being received from physical testing professionals & reference sources.

I will provide proof of my eligibility to work on the date of hire as required by "The Immigration Reform and Control Act of 1986".

I understand that my employment, unless covered by a collective bargaining agreement, is not governed by any written or oral contract and is considered an "at will" arrangement. I understand that I am free, as is the County, to terminate employment at any time for any reason or for just cause, so long as there is no violation of applicable Federal or State law or valid collective bargaining agreement.

I understand that if employed in a position governed by a collective bargaining agreement to which the County is a party that once I am covered by that agreement its terms may supersede some of the statements in this acknowledgement of understanding.

I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

Signature

Date

DO NOT WRITE BELOW THIS LINE – FOR EMPLOYER USE

Approved: Elected Official/Department Head _____
Signature _____ Date _____

Start Date _____ Exempt/Rate _____ Non-Exempt/Rate _____

Full-Time _____ Part-Time _____ Position _____

LaSalle County is an Equal Employment Opportunity Employer