

APPLICATION FOR EMPLOYMENT

LIVINGSTON COUNTY

An EQUAL OPPORTUNITY EMPLOYER

(PLEASE TYPE or PRINT)

Date of Application _____ **Position(s) Applied For** _____

Name _____ **Telephone** () _____
Last First Middle Area Code
Address _____
Number Street City State Zip Code

If employed and under 18 years of age, can you furnish a work permit? Yes No N/A

Have you filed an application with this company before Yes No

If yes, give date: _____

Have you ever been employed with this company before? Yes No

If yes, give date: _____

Are you currently employed? Yes No

If yes, 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? _____

When are you available to work? Full Time Part Time Shift Work Temporary

Where did you learn about the job opening? Newspaper County Website

Employee Other _____

**PLEASE COMPLETE, SIGN AND SUBMIT ALL EMPLOYMENT APPLICATIONS TO:
LIVINGSTON COUNTY HUMAN RESOURCES
112 W. MADISON STREET, ROOM 202, PONTIAC, IL 61764**

Applications that do not contain an original written signature will not be accepted.

APPLICATION FOR EMPLOYMENT

EDUCATION:

	High School				Vocational Training				College/ University				Graduate/ Professional			
School Name																
Years Completed/ Degree	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diploma/Degree																
Describe Course of Study																
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities																

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

APPLICATION FOR EMPLOYMENT

List professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

1. Name: _____ Telephone: _____
 Address: _____

2. Name: _____ Telephone: _____
 Address: _____

3. Name: _____ Telephone: _____
 Address: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. (You may exclude organization names that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

1.	Employer:		Dates Employed	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason for Leaving:			

2.	Employer:		Dates Employed	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason for Leaving:			

3.	Employer:		Dates Employed	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason for Leaving:			

4.	Employer:		Dates Employed	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason for Leaving:			

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

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

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.

Written Signature of Applicant Required

Date