LIVINGSTON COUNTY

An EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

 Date of Application
 Position(s) Applied For

Name					Т	elephor	ne	
Address	Last		First		Middle	-	Area C	Code
Auuress	Number	Street		Sta	State Zip Code			
If employed and under 18 years of age, can you furnish a work permit?								
Have you	filed an app	lication with t	his compa	iny before			Yes	No
If yes,	give date:					-		
		nployed with	this comp	any before	?		Yes	No
If yes,	give date:					-		
Are you c	urrently emp	oloyed?					Yes	No
If yes,	may we con	tact your pres	ent employ	yer?			Yes	No
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (<i>Proof of citizenship or immigration status will be required upon employment.</i>)						No		
(Proof of c	itizensnip or i	emmigration sta	itus wili be	requirea up	oon employment.)			
On what c	late would y	ou be availabl	e for work	ς?		-		
When are	you availab	le to work?	□ H	Full Time	Part Time	🗌 Sh	ift Work	Temporary
Where dic	l you learn a	bout the job o	pening?		Newspaper		County V	Website
					Employee		Other	

PLEASE RETURN ALL EMPLOYMENT APPLICATIONS TO: LIVINGSTON COUNTY HUMAN RESOURCES, 112 W. MADISON STREET, ROOM 202, PONTIAC, IL 61764

	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
Diploma/Degree																
Describe Course of Study																
Describe Specialized Training, Apprenticeship, Skills and Extra- Curricular Activities																

EDUCATION:

Honors Received:

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

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.)

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	e name, ad vious emplo	dress and telephone numbers of three references who are not related to you and are not yers.
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:	То:					
	Phone Number:								
	Job Title:	Supervisor:							
	Work Performed:								
	Reason for Leavin	ng:							

2.	Employer:		Dates	Dates Employed						
	Address:		From:	То:						
	Phone Number:									
	Job Title:	Supervisor:								
	Work Performed	:								
	Reason for Leavi	ng:								
3.	Employer:		Dates Employed							
	Address:		From:	То:						
	Phone Number:									
	Job Title:	Supervisor:								
	Work Performed	:								
	Reason for Leaving:									
4.	Employer:		Dates Employed							
	Address:		From:	То:						
	Phone Number:									
	Job Title:	Supervisor:								
	Work Performed	:	I							
	Reason for Leavi	ng:								

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

<u>Special Skills and Qualifications</u> Summarize special skills and qualifications acquired from employment experience or education.

NOTES:

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.

Signature of Applicant

Date