



County of Will

Application for Employment

Equal Opportunity Employer

*Human Resources Department
501 Ella Avenue
Joliet, IL 60433
(815) 727-8480
Fax: (815) 727-8526
Website: www.willcountyhealth.org*

Date: _____

PERSONAL INFORMATION

Name: _____ Email Address: _____
(last) (first) (middle)

Address: _____
(street) (apt #) (city) (state) (zip)

Telephone: () _____ Work Number: () _____ Call in confidence

Are you 18 years of age or older? Yes No
 Are you authorized to work in the United States? Yes No

U.S. Armed Forces Service? Yes No Duties: _____

Active Duty Period From: _____ To: _____ Branch: _____

Reserves Period From: _____ To: _____ Branch: _____

If the job you are applying for requires driving a vehicle, do you possess a valid Illinois driver's license? Yes No
 If yes, indicate Driver's License Number: _____
 Is your license currently or has it ever been revoked, suspended or restricted? Yes No
 Please explain: _____

EMPLOYMENT DESIRED

Position(s) currently applying for: 1.) _____ Dept.: _____
 2.) _____ Dept.: _____

What kind of work schedule are you available to work?
 Full-time Part-time Temporary On-call Seasonal
 Shift: _____ Date you can start?: _____ Salary Desired: _____

Are you available to work weekends when required by the position you have applied for? Yes No

Have you ever been employed with Will County? Yes No
 If Yes: Dates: _____ - _____ Dept.: _____ Name if different than above: _____
(From) (To)

List any relatives currently employed within the Department in which you are applying: _____

EDUCATION

NAME OF HIGH SCHOOL, COLLEGE, TRADE, OR TECHNICAL SCHOOLS	CITY AND STATE	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE RECEIVED/CERTIFICATIONS
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any skills, abilities, hobbies, training, etc. which you feel may be an asset. (Example: business machines, volunteer work, additional languages, word processing, clerical, etc.): _____

Please list any license, registration, certificate, etc., which is related to the job you are applying for: _____

Have you ever had a license, registration, certificate, etc., related to the position you are applying for suspended, revoked, placed on probation or lapsed for any reason? Yes No If yes, please explain: _____

Print Name: _____ **EMPLOYMENT HISTORY**

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer and go back a minimum of ten (10) years. Do not omit any employment during that time. Add additional sheets if necessary. Answer each question completely; **"See Resume" is not acceptable.**

Name and Address of Employer	Dates of Employment	Pay Rate	List Job Responsibilities:
	From: / /	To Start: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Position Held/Job Title: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	Upon Leaving: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Supervisor's Name & Title:	Work Telephone: () _____		Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)

Name and Address of Employer	Dates of Employment	Pay Rate	List Job Responsibilities:
	From: / /	To Start: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
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Supervisor's Name & Title:	Work Telephone: () _____		Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)

PROFESSIONAL REFERENCES

List below three people who are not related to you and that have direct knowledge of your skills, experience and fitness for the position or field for which you are applying. Preferably, these are individuals who have supervised your work either currently or in the past.

FULL NAME	BUSINESS OR HOME ADDRESS	OCCUPATION	TELEPHONE NUMBER
			()
			()
			()

CERTIFICATION

I certify that answers/information given herein are true, complete and accurate. I understand that any omission or misrepresentation of information may be sufficient cause for rejection of this application or, if employment has commenced, grounds for immediate dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize any schools that I have attended, current and previous employers, and organizations named in this application to provide the County of Will with any information that may be requested to make an employment decision. I hereby specifically waive written notice from any and all former employers regarding their disclosure to the County of Will of any information including disciplinary action. I understand that if I am offered employment, it is contingent upon satisfactorily passing a physical examination and/or drug test prior to placement in the position for which I have applied when such tests are required. I specifically authorize law enforcement agencies to release any records of prior criminal convictions and/or pending felony charges it may have or may obtain from other sources to the County of Will. I hereby release the County of Will and other agencies from any and all actions and claims that may be sustained by me from the release and use of the information. I understand and agree that in the absence of an express written agreement to the contrary executed by the employer, any employment I accept shall be for an indefinite term and shall be terminable at any time, with or without notice or cause, either by me or at the will and sole discretion of the employer. I have read and had read to me and understand the above statement.

APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Applicant Signature: _____ Date: _____

**THANK YOU FOR CONSIDERING THE COUNTY OF WILL AS A POTENTIAL EMPLOYER
APPLICATIONS ARE ONLY ACCEPTED FOR CURRENT JOB OPENINGS**



County of Will

Recruitment Identification Form

Equal Opportunity Employer

Human Resources Department

501 Ella Avenue

Joliet, IL 60433

(815) 727-8480

Fax: (815) 727-8526

Website: www.willcountyhealth.org

The County of Will is an Equal Opportunity Employer. The federal government encourages employers to maintain records on the gender, race and ethnic background of its applicants. To comply, Will County requests that you supply, on a voluntary basis, the information sought below. **Completion of this form is strictly VOLUNTARY.** The information is for record keeping purposes only and will in no way effect any employment decision. This **confidential** questionnaire will be kept separately from your *Application for Employment*.

DATE: _____/_____/_____ POSITION APPLIED FOR: _____

NAME: _____ DEPARTMENT: _____
(LAST) (FIRST) (MI)

EQUAL OPPORTUNITY GROUP PLEASE CHECK APPROPRIATE BOXES:

Male Female

Race/Ethnic Group:

- African American/Black:** A person having origins in any of the black racial groups of Africa
- American Indian or Alaskan Native:** A person having origins from any of the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander:** A person having origins from any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. These areas include, for example, China, India, Japan, Korea, the Philippines and Samoa.
- Hispanic (non white):** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Caucasian/White:** A person having origins from any of the original people of Europe, North Africa or Middle East.
- Multiracial:** A person having parents of different races.

Recruitment Source (How did you learn about this job?)

- | | |
|--|--|
| <input type="checkbox"/> From a County Employee | <input type="checkbox"/> School Placement Office: _____ |
| <input type="checkbox"/> County Job Announcement (Location): _____ | <input type="checkbox"/> Community Agency: _____ |
| <input type="checkbox"/> Newspaper Classified Ad (Paper): _____ | <input type="checkbox"/> Employment Agency: _____ |
| <input type="checkbox"/> Professional Publication (Name): _____ | <input type="checkbox"/> Area Training Agency: _____ |
| <input type="checkbox"/> Radio/Television (Name): _____ | <input type="checkbox"/> IDES (Location): _____ |
| <input type="checkbox"/> Internet (Website): _____ | <input type="checkbox"/> Other (Please be specific): _____ |