MADISON COUNTY GOVERNMENT

157 N. Main Street
Edwardsville, IL 62025

APPLICATION FOR EMPLOYMENT

As an equal opportunity employer, employment is determined by a person's qualifications and abilities without regard to race, color, creed, national origin, religion, age, sex, sexual orientation, disability, veteran status, marital status or genetic information.

All information will be regarded as confidential and will be retained in our active file for one (1) year. Thereafter if employment is still desired, the applicant must reapply.

Please print or write clearly. Illegible applications may not be considered.

POSITION APPLIED FOR _____

Date of Application _____ Starting Salary Desired _____

PERSONAL DATA

Name _____
Last First Middle

Current Address _____
Number Street City State Zip Code

Current Telephone Number _____ Alternate Number _____

E-mail _____

If non-citizen, indicate visa type and number _____

Please list any friends or relatives who work for Madison County _____

_____

_____

AVAILABILITY

Date available for employment _____

Are you interested in (check appropriate box): ☐ Full Time ☐ Part Time ☐ Temporary

Are weekends acceptable? ☐ Yes ☐ No

What shifts are you available to work? ☐ Day ☐ Evening ☐ Night

EDUCATION

Type of School	Name & Location of School	Month/Year attended	Major Field of Study	Diploma or Degree
High School				
Vocational or Technical School				
College/University				
Other				

FOR PROFESSIONAL AND OR TECHNICALLY TRAINED APPLICANTS:

List any registry, license or certification held _____

What state? _____ Date received _____

FOR CLERICAL APPLICANTS ONLY

Can you type? ☐ Yes ☐ No _____ words per minute

Can you use a P.C. ☐ Yes ☐ No

List office machines you can operate _____

_____

List computer types and software used _____

_____

Other clerical skills _____

_____

MISCELLANEOUS

Were you previously employed by Madison County _____ If yes, when? _____

EMPLOYMENT HISTORY

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER

Name and Address of Company and Type of Business	From Mo.| Yr.		To Mo.| Yr.		Starting Salary	Last Salary	Job Title	Name of Supervisor
	Describe the work you did:							
Telephone	Reason for leaving:							

Name and Address of Company and Type of Business	From Mo.| Yr.		To Mo.| Yr.		Starting Salary	Last Salary	Job Title	Name of Supervisor
	Describe the work you did:							
Telephone	Reason for leaving:							

Name and Address of Company and Type of Business	From Mo.| Yr.		To Mo.| Yr.		Starting Salary	Last Salary	Job Title	Name of Supervisor
	Describe the work you did:							
Telephone	Reason for leaving:							

Name and Address of Company and Type of Business	From Mo.| Yr.		To Mo.| Yr.		Starting Salary	Last Salary	Job Title	Name of Supervisor
	Describe the work you did:							
Telephone	Reason for leaving:							

May we contact your present employer? ☐ Yes ☐ No

If you were employed by any of the above employers under a different name, please state that here:

_____

Account for periods of unemployment other than when you were in school:

_____

_____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone #

Use this space and additional sheets, if necessary, for additional information you want us to know in considering you for employment.

_____
_____
_____
_____
_____

APPLICANT, PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the County shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me on this application. I authorize the County to investigate all statements contained on this application. This includes authorizing the County to investigate all references and to secure additional information if related to this employment application. I further authorize the County to contact law enforcement agencies with regard to criminal records information and consumer reporting agencies with regard to credit and character information. I release from liability the County and its representatives for seeking such information and other persons or organizations from furnishing such information. I understand that some Madison County Departments operate 24 hours a day, 7 days per week, and that weekend work or changes of shifts may be required. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer and accept the established pay period as provided in accordance with the Fair Labor Standards Act (as amended). I understand that my employment is subject to passing a mandatory drug screen and a physical exam (if required), satisfactory reference checks, presentation of identification as required to conform to immigration laws, and accuracy of all pre-employment information furnished. I understand that this employment application and any other County documents are not contracts of employment that any individual who is hired may voluntarily leave employment upon proper notice, or may be terminated by the employer. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE

_____ _____
Signature of Applicant Date

A photocopy of this release form and signature will be valid as original.