



County of Will

Application for Employment

Equal Opportunity Employer

Human Resources Department
302 N. Chicago St.

Joliet, IL 60432
(815) 774-7489

Fax: (815) 774-6355

Website: www.willcountyillinois.com

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Is your license currently or has it ever been revoked, suspended or restricted?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 _____

Human Resources Department 7/31/2019

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	List Job Responsibilities:
	From: / /	
Position Held/Job Title:	To: / /	
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	List Job Responsibilities:
	From: / /	
Position Held/Job Title:	To: / /	
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	List Job Responsibilities:
	From: / /	
Position Held/Job Title:	To: / /	
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 or 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

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Fax: (815) 774-6355
Website: www.willcountyillinois.com

To Be Kept Separately From Application

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: (LAST) (FIRST) (M) DEPARTMENT:

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?)

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

Position Applying For: Nutrition Services Aide - Part Time
Link:
myfilename: 20191104111329420_AEB69723-5723-4A5D-8EC4-7A7BD47CDE8D
FullFilePath:
personallInfo:

PERSONAL INFORMATION

First Name:

Last Name:
Middle Init:
Address:
Apt/Unit:
City:
State:
Zip Code:
Telephone:
Work Phone:
Call in confidence: False
Email Address:
Are you 18 years of age or older?:
Are you authorized to work in the United States?:
U.S. Armed Forces Service?:
Duties:
Active Duty Period From:
Active Duty Period To:
Branch:
Reserves Period From:
Reserves Period To:
Reserves Branch:
If the job you are applying for requires driving a vehicle, do you possess a valid Illinois driver's license?:
If yes, indicate Driver's License Number:
Is your license currently or has it ever been revoked, suspended or restricted?:
Is your license currently or has it ever been revoked, suspended or restricted?:
EMPLOYMENT DESIRED:

EMPLOYMENT DESIRED

What kind of work schedule are you available to work?:
Shift?:
Date you can start?:
Salary Desired:
Are you available to work weekends when required by the position you have applied for?:
Have you ever been employed with Will County?:
Name if different than above:
If Yes: Date from:
If Yes: Date to:
Department:
List any relatives currently employed within the department in which you are applying:
Education:

EDUCATION

Name of High School:
City:
State:
Did you graduate?:
Course of Study:
Name of College/Trade or Tech School:
City:
State:
Did you graduate?:
Course of Study/Degree Received/Certifications:
Name of College/Trade or Tech School:
City:
State:
Did you graduate?:
Course of Study/Degree Received/Certifications:
Name of College/Trade or Tech School:
City:

State:

Did you graduate?:

Course of Study/Degree Received/Certifications:

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 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?:

If yes to the answer above, please explain:

EMPLOYMENT HISTORY:

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. Answer each question completely. **"See Resume" is not acceptable.**

If you have more than 4 positions to list, and/or if you would like to provide a resume for consideration with your application, you may attach your resume using the button below. Accepted formats: Adobe® Portable Document Format (PDF) and Microsoft® Word (.DOC, .DOCX) You may attach a second file, like a certification or referral, using the button below. Accepted formats: Adobe® Portable Document Format (PDF) and Microsoft® Word (.DOC, .DOCX)

Resume:

Additional File:

Name and Address of Employer:

Employment (From):

Employment (To):

Position Held/Job Title:

Full-time/Part-time:

Job Responsibilities:

Supervisor's Name and Title:

Work Telephone:

May we contact this employer for a reference prior to a job offer?:

Reason for Leaving:

Explain your reason for Leaving: