



# 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.willcountyllinois.com](http://www.willcountyllinois.com)

Date: 00/00/0000

### PERSONAL INFORMATION

Name: Wegrzyn Phillip J Email Address: philwegrzyn@yahoo.com  
 (last) (first) (middle)

Address: 567 Ascot Lane No Apartment# Streamwood Illinois 60107  
 (street) (apt #) (city) (state) (zip)

Telephone: ( 567 ) 222-2222 Work Number: ( 222 ) 333-3333 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: armed forces duties list

Active Duty Period From: 00/00/0000 To: 00/00/0000 Branch: this is the navy

Reserves Period From: 00/00/0000 To: 00/00/0000 Branch: this is the navy reserves

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: W122-2222-2222-2222  
 Is your license currently or has it ever been revoked, suspended or restricted?  Yes  No  
 Please explain: this is suspension explanation

### 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	List Job Responsibilities:
test2	From: test3 / /	
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 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

302 N. Chicago Street

Joliet, IL 60432

(815) 774-7489

Fax: (815) 774-6355

Website: [www.willcountyillinois.com](http://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: \_\_\_\_\_ 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): _____ |