

EDUCATION

	School Name/Address	Did you graduate?	Diploma or Degree Earned
High	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
College	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
Other (Specify)	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____

Describe any specialized training, apprenticeships, skills, extra-curricular activities, job related training or qualifications acquired from employment or other experiences _____

CERTIFICATIONS, REGISTRATIONS AND OTHER PROFESSIONAL LICENSES

Certification, Registration or License	Certification/License Number	State of Issue

PERSONAL REFERENCES

Please list three personal references who are not former employers or relatives

Name _____	Address _____ _____
	Phone _____

Name _____	Address _____ _____
	Phone _____

Name _____	Address _____ _____
	Phone _____

PREVIOUS 10 YEARS OF EMPLOYMENT

1. Present/ Most Recent Employer	Address	Phone	May we contact employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Supervisor	Dates Employed	Reason for Leaving

2. Employer	Address	Phone	May we contact employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Supervisor	Dates Employed	Reason for Leaving

3. Employer	Address	Phone	May we contact employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Supervisor	Dates Employed	Reason for Leaving

4. Employer	Address	Phone	May we contact employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Supervisor	Dates Employed	Reason for Leaving

If you are applying for a position which would require you to drive as part of your responsibilities, please answer the following:

- Do you currently have a valid driver's license? Yes No
- If yes, please answer the following questions:
 Indicate type: Standard Driver's License Commercial Driver's License
 Indicate Class: A B C D
 List endorsements, if any: _____
 List restrictions, if any: _____

MILITARY SERVICE

Branch _____ Rank at Discharge _____

REASONABLE ACCOMMODATION

If you require a reasonable accommodation to participate in the interview and testing process, please contact Human Resources at (217)554-6000.

APPLICANT'S STATEMENT

I certify that the 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 shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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



VOLUNTARY SURVEY

The US Department of Justice requires State and Local governments who are covered by the Nondiscrimination Provision of the Omnibus Crime Control and Safe Streets Act of 1968 (as well as recipients of VOCA funds) with 50 or more employees AND who receive a single award of at least \$25,000 to complete an EEOP report. Covered employers must invite applicants to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO reporting purposes only and will be kept separate from all other personnel records with the only access by the Human Resources Department. Please return completed form to the HR Department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Vermilion County to determine this information by visual survey and or other available information.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY

Date: _____

Check one: Female Male

Check one: American Indian or Alaska Native Black or African American
 White (not Hispanic or Latino) Native Hawaiian or Other Pacific Islander
 Asian Hispanic or Latino
 Two or more races I do not wish to disclose

How did you hear about us?

Walk-in Friend Relative Newspaper Ad Internet
 Vermilion Advantage Job Board Referral Other _____