



**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.**

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

  

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

  

<b>Name and Address of Employer</b>	<b>Dates of Employment</b>	<b>Pay Rate</b>	<b>List Job Responsibilities:</b>
	From: / /	To Start: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
<b>Position Held/Job Title:</b>	To: / /	Upon Leaving: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
<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
<b>Supervisors Name &amp; Title:</b>	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, my 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:** \_\_\_\_\_



Will County Sheriff's Office
Paul J. Kaupas, Sheriff

Recruitment Identification Form

Equal Opportunity Employer

Will County Sheriff's Office
14 W. Jefferson St.

Joliet, IL 60432

(815) 727-8895

Fax: (815) 727-8918

Website: www.willcosheriff.org

The Will County Sheriff's Office 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
Individual With A Disability Vietnam Era Veteran Disabled Veteran

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): \_\_\_\_\_

**WILL COUNTY SHERIFF'S OFFICE**  
**Paul J. Kaupas, Sheriff**

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I hereby authorize and empower the Will County Sheriff's office, the Will County Sheriff, any consumer reporting agency, or other outside service company engaged by the Will County Sheriff's Office to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics, and mode of living.

I respectfully request that any agency, or person contacted, furnish to the Will County Sheriff's Office any and all information that you have concerning me, my work record, medical condition, personality, or my reputation. This information is to be used to determine my qualifications and fitness for a position with the Will County Sheriff's Office.

I hereby release any person, organization, current and/or former employer from liability and/or damage of whatsoever nature, on account of furnishing the information requested above.

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Printed Name

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Signature

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Date

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Witness