



## Employment Application

Please complete all questions for employment consideration

Name \_\_\_\_\_  
First Middle Initial Last

Present Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List any additional names you have used which will permit us to check your work record \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
Type of work or position applied for? \_\_\_\_\_ ☐ Full Time ☐ Part Time

Date Available to Begin work \_\_\_\_\_

Days Available \_\_\_\_\_ Hours Available \_\_\_\_\_

Describe why you are qualified for the position (Please attach current Resume) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied at or been employed by LaSalle County before? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_

If you have relatives employed by LaSalle County, their name(s)/relationship(s) \_\_\_\_\_  
\_\_\_\_\_

If you would be engaged in any other work while in our employ, please explain \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
Are you legally entitled to work in the United States? ☐ Yes ☐ No

If hired, can you provide documentation of this eligibility? ☐ Yes ☐ No

Are you over 16? ☐ Yes ☐ No

## HISTORY OF EMPLOYMENT

List your complete employment record (including temporary, regular, and part-time) in date order.  
List the most recent first. Include military service if applicable.

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### MOST RECENT EMPLOYER

Are you currently working for this company? ☐ Yes ☐ No If yes, may we contact? ☐ Yes ☐ No

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Contact Information: \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Brief Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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### EMPLOYER

Are you currently working for this company? ☐ Yes ☐ No If yes, may we contact? ☐ Yes ☐ No

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Contact Information: \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Brief Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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### EMPLOYER

Are you currently working for this company? ☐ Yes ☐ No If yes, may we contact? ☐ Yes ☐ No

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Contact Information: \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Brief Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Please explain all periods of unemployment within the past 5 years (periods of 4 weeks or more)

From	To	Reason

<b>EDUCATIONAL BACKGROUND</b>
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School Name/ Address	Dates Attended	Date Graduated	Diploma / Degree Certificate	Grade Point / Honors
HIGH SCHOOL	N / A	N / A		
BUSINESS / TRADE				
COLLEGE / UNIV.				

<b>TRAINING OR EXPERIENCE PERTINENT TO THE JOB</b>
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Computer Skills: \_\_\_\_\_

\_\_\_\_\_

Equipment/Vehicles: \_\_\_\_\_

\_\_\_\_\_

Other Skills / Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT

### Please read thoroughly before signing

It is understood that this application is not an obligation of employment. This application will remain active for 90 days. Reapplication is necessary after that time period.

I hereby authorize the County to investigate all references and former employment, and I release from liability those supplying such information. Upon offer of employment, I may be required to take a drug test and may also be required to demonstrate my ability to meet the physical requirements necessary to perform all job duties by passing a physical evaluation test. All testing will be at the County's expense. I realize that an offer of employment is contingent upon my test results being substance-free and satisfactory information being received from physical testing professionals & reference sources.

I will provide proof of my eligibility to work on the date of hire as required by "The Immigration Reform and Control Act of 1986".

I understand that my employment, unless covered by a collective bargaining agreement, is not governed by any written or oral contract and is considered an "at will" arrangement. I understand that I am free, as is the County, to terminate employment at any time for any reason or for just cause, so long as there is no violation of applicable Federal or State law or valid collective bargaining agreement.

I understand that if employed in a position governed by a collective bargaining agreement to which the County is a party that once I am covered by that agreement its terms may supersede some of the statements in this acknowledgement of understanding.

**I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### DO NOT WRITE BELOW THIS LINE – FOR EMPLOYER USE

Approved: Elected Official/Department Head \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Start Date \_\_\_\_\_ Exempt/Rate \_\_\_\_\_ Non-Exempt/Rate \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Position \_\_\_\_\_

***LaSalle County is an Equal Employment Opportunity Employer***