



# Macon County Employment Application

_____ <b>TITLE OF POSITION APPLIED FOR</b>			
_____ <b>LAST NAME</b>	_____ <b>FIRST NAME</b>	_____ <b>MI</b>	
_____ <b>STREET ADDRESS</b>	_____ <b>CITY</b>	_____ <b>STATE</b>	_____ <b>ZIP</b>
_____ <b>COUNTY</b>	(____) - ____ - ____ <b>AREA TELEPHONE #</b> <b>CODE</b>	(____) - ____ - ____ <b>DAYTIME TELEPHONE #</b>	_____ <b>TODAY'S DATE</b>

## EDUCATION

**HIGHEST LEVEL ATTAINED (PLEASE CIRCLE)**

1  
  2  
  3  
  4  
  5  
  6  
  7  
  8  
  9  
  10  
  11  
  12  
  GED  
  ASSOCIATE  
  BACHELOR  
  MASTER  
  OTHER

HIGH SCHOOL OR BUSINESS SCHOOL NAME & ADDRESS	SPECIALTY, IF ANY	DID YOU GRADUATE?	DATE GRADUATED OR LAST ATTENDED

Are you at least 18 years of age? ( ) Yes ( ) No

Are you legally authorized to work in the United States ( ) Yes ( ) No

Drivers License # ( if required for this position) \_\_\_\_\_  
State   Number   Exp. Date mm/dd/yy

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position.

\_\_\_\_\_  
 \_\_\_\_\_

List your present employment followed by the history of changes in titles and employment with degree of each change. If there is not sufficient space to list your work history, add the information on a separate piece of paper and attach

<b>Company Name:</b>		<b>Supervisor's Name:</b>	
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Your Title:</b>		<b>Supervisory:</b>	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Your Monthly Salary:    \$</b>		<input type="checkbox"/> <b>FULL TIME</b>	<input type="checkbox"/> <b>PART TIME</b>
<b>Dates of Employment (month/year):</b>		<b>From    /</b>	<b>To       /</b>
<b>Your Duties:</b>			
<b>Reason for Leaving:</b>			

<b>Company Name:</b>		<b>Supervisor's Name:</b>	
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Your Title:</b>		<b>Supervisory:</b>	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Your Monthly Salary:    \$</b>		<input type="checkbox"/> <b>FULL TIME</b>	<input type="checkbox"/> <b>PART TIME</b>
<b>Dates of Employment (month/year):</b>		<b>From    /</b>	<b>To       /</b>
<b>Your Duties:</b>			
<b>Reason for Leaving:</b>			

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<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Your Title:</b>		<b>Supervisory:</b>	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Your Monthly Salary:    \$</b>		<input type="checkbox"/> <b>FULL TIME</b>	<input type="checkbox"/> <b>PART TIME</b>
<b>Dates of Employment (month/year):</b>		<b>From    /</b>	<b>To       /</b>
<b>Your Duties:</b>			
<b>Reason for Leaving:</b>			

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<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Your Title:</b>		<b>Supervisory:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Your Monthly Salary: \$</b>		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
<b>Dates of Employment (month/year):</b>	<b>From</b> /	<b>To</b> /	
<b>Your Duties:</b>			
<b>Reason for Leaving:</b>			

<b>Company Name:</b>		<b>Supervisor's Name:</b>	
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Your Title:</b>		<b>Supervisory:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Your Monthly Salary: \$</b>		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
<b>Dates of Employment (month/year):</b>	<b>From</b> /	<b>To</b> /	
<b>Your Duties:</b>			
<b>Reason for Leaving:</b>			

<b>Company Name:</b>		<b>Supervisor's Name:</b>	
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Your Title:</b>		<b>Supervisory:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Your Monthly Salary: \$</b>		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
<b>Dates of Employment (month/year):</b>	<b>From</b> /	<b>To</b> /	
<b>Your Duties:</b>			
<b>Reason for Leaving:</b>			

**MACON COUNTY EXERCISES ITS RIGHTS AS AN EMPLOYER AT WILL IN COMPLIANCE WITH  
EMPLOYMENT  
LAW IN THE STATE OF ILLINOIS.**

**APPLICATION STATEMENT**

I certify that all information I have provided in order to apply for and secure work with the Macon County is true, complete and correct.

I authorize any of the persons or employees or previous employees of the organizations referenced in this application packet to give you and any of them all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

In consideration of my possible employment with your organization, I agree to conform to the rules and regulations of the organization as set forth in the employee handbook and acknowledge that these rules and regulations may be changed, interpreted withdrawn or be added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I understand that the Macon County does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the Macon County reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Macon County is authorized to make any assurances to the contrary, and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Administrator.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

DO NOT SIGN UNLESS YOU HAVE READ THE ABOVE STATEMENT.

**I certify that I have read, fully understand and accept all terms of the forgoing Application Statement.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Macon County is an Equal Opportunity Employer and does not discriminate based on race, religion, sex, national origin, ancestry, citizenship status, age, marital status, physical or mental handicap or military service.*