



KENDALL COUNTY, ILLINOIS APPLICATION FOR EMPLOYMENT

Kendall County is committed to complying with the Americans with Disabilities Act. If an applicant requires a reasonable accommodation for purposes of completing the job application process, please contact the Kendall County Human Resources Department at 630-381-9867 or email us at HRDepartment@kendallcountyil.gov. A resume and cover letter may be attached to the completed employment application.

Date Completed: _____

Department/Elected Office: _____

Position Desired: _____ Part time Full time

Applicant's Name: _____
 (Print) Last First Middle

Present Mailing Address: _____
City State Zip Code

Phone: (____) _____ Email Address (optional): _____

How did you hear about this employment opportunity? _____

Have you ever worked for Kendall County before? [] Yes [] No

If yes, please give dates and position: _____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present and previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time including military services and any period of unemployment. If self-employed, give business name and supply business references. (Add additional page if necessary.)

Present or Last Employer	Employed From mo/yr	Your Title or Position	Reason for Leaving
Name of Employer _____ Address _____ Phone _____	To mo/yr _____	_____ Name & Title of <u>Supervisor</u> _____	_____
Last Employer Name of Employer _____ Address _____ Phone _____	Employed From mo/yr _____ To mo/yr _____	Your Title or Position _____ Name & Title of <u>Supervisor</u> _____	Reason for Leaving _____

Last Employer	<u>Employed</u> From mo/yr	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
_____ Name of Employer	_____ To mo/yr	_____ <u>Name & Title of</u> <u>Supervisor</u>	
_____ Address	_____ 	_____ 	
_____ Phone			

Last Employer	<u>Employed</u> From mo/yr	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
_____ Name of Employer	_____ To mo/yr	_____ <u>Name & Title of</u> <u>Supervisor</u>	
_____ Address	_____ 	_____ 	
_____ Phone			

May we contact your current and previous employers? Yes No

If no, please explain:

Please indicate any actual experience, special training, and/or qualifications that you have which you feel are relevant to the position for which you are applying.

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you able to perform the essential functions of this job with or without reasonable accommodation?

Yes No

Will you be able to work the position's required work hours? Yes No

Will you be able to work on-site? Yes No

EDUCATIONAL BACKGROUND

School Name	Years Completed	Diploma/Degree	School Name
High School:			
College/University:			
Graduate/Professional:			
Trade or Correspondence:			
Other:			

PROFESSIONAL REFERENCES

Please list three professional references who are **not your** previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

ACKNOWLEDGMENTS AND DISCLAIMER

By signing my name below, I certify that all information provided in this application, my resume, other employment application documents, and interview are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions in my application, resume, other employment documents, or interviews(s) may be cause for rejection of my application, or may be cause for subsequent dismissal at anytime if hired by Kendall County or or one of its elected offices (hereinafter collectively referred to as "Kendall County")

I understand that Kendall County is not obligated to provide employment and that I am not obligated to accept employment should an offer of employment be made to me. **NOTHING IN THIS APPLICATION, OR IN ANY PRIOR OR SUBSEQUENT ORAL OR WRITTEN STATEMENT, IS INTENDED TO OR DOES CREATE ANY CONTRACT OF EMPLOYMENT. SHOULD THIS APPLICATION AND THE PROCESS SURROUNDING THIS APPLICATION RESULT IN MY EMPLOYMENT WITH KENDALL COUNTY, I UNDERSTAND THAT I WOULD BE HIRED AS AN EMPLOYEE AT WILL (SUBJECT TO THE TERMS OF AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT, IF ANY) AND NOTHING IN THIS APPLICATION WOULD RESTRICT MY RIGHT AS AN EMPLOYEE OR KENDALL COUNTY'S RIGHT AS AN EMPLOYER TO TERMINATE MY EMPLOYMENT AT ANY TIME.**

Kendall County is an equal opportunity employer and does not discriminate against applicants and/or employees on the basis of their race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, age, ancestry, military status, veteran status, disability, genetic information, pregnancy and/or any other basis prohibited by state, federal and/or local laws, regulations and ordinances.

If selected for the position and upon commencement of employment, I understand that I will be required to submit verification that I am legally authorized to work in the United States as required by federal law.

I understand and agree that all information furnished in this application may be verified by Kendall County or its authorized representatives. I waive any right I may have to be notified by any individuals and organizations named in this application prior to the release of any information to Kendall County. I further authorize all individuals and organizations named in this application to give Kendall County and its authorized agents all information relative to such verification. I hereby release such individuals and organizations and Kendall County from any and all liability for any claim or damage resulting therefrom. If Kendall County determines that I am qualified for the position, and I have been notified that I have been selected for an interview or, if there is no interview, I have been made a conditional offer of employment with Kendall County, I may be required to submit to a criminal history background check, employment verification, and/or reference check. By signing my name below, I affirm my understanding that certain offenses may disqualify me from employment in a particular position with Kendall County to the extent permitted by applicable law.

BY SIGNING BELOW, I HEREBY CERTIFY THAT I HAVE READ AND AGREE TO ALL OF THE ABOVE. BY SIGNING MY NAME BELOW, I ALSO HEREBY AFFIRM THAT ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date