

## KENDALL COUNTY CORONER'S OFFICE 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 Coroner's Office at 630-553-4200 or email us at <a href="mailto:staff@kendallcounty.org">staff@kendallcounty.org</a>. A resume and cover letter may be attached to the completed employment application.

			Date Comp	pleted:	
Department/Elected Office:					
Position Desired:		P	art time	Full time	
Applicant's Name:  (Print)  Last	. <b>T</b> Y	irst		Middle	
Present Mailing Address:	, <b>r</b> .	n st		Middle	
		City	State	Zip	Code
Phone: ()	Email Addre	ess (optional):			
How did you hear about this emp	ployment opportunity?				
Have you ever worked for Kenda	all County before? [ ]	Yes [] No			
If yes, please give dates and posit	•				
RECORD OF PREVIOUS EM	MPLOYMENT				
Please list the names of your prese listed first. Be sure to account for a employed, give business name and  Present or Last Employer	all periods of time includ	ling military services ar	nd any period ge if necessar	of unemploym	
Name of Employer  Address	mo/yr	Name & Title of Supervisor			
Phone	_				
Last Employer	Employed From mo/yr	Your Title or Position	Reason	for Leaving	
Name of Employer  Address	To mo/yr	Name & Title of Supervisor			
Phone	_				

Last Employer	Employed From mo/yr	Your Title or Position	Reason for Leaving	
Name of Employer  Address	To mo/yr	Name & Title of Supervisor		
Phone				
Last Employer	Employed From	Your Title or Position	Reason for Leaving	
Name of Employer  Address	mo/yr  To  mo/yr	Name & Title of Supervisor		
Phone				
May we contact your current and profif no, please explain:  Please indicate any actual experience are relevant to the position for which	e, special training,	and/or qualifications th	nat you have which you f	- Geel
If hired, can you furnish proof that y	ou are over 18 year	rs of age? Yes	No	
Are you able to perform the essential Yes No	l functions of this j	ob with or without rea	sonable accommodation	?
Will you be able to work the position	n's required work l	nours? []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	3 BI	ELOW	', I	HEI	REBY	CER'	TIFY	THA	AT I	HA	VE	READ	AND	AGR	EE	TO	ALL
OF	THE ABO	VE.	BY S	SIGN	ING	$\mathbf{MY}$	NAME	BEL(	OW,	I ALS	ОН	EREI	BY AF	FIRM	<b>THAT</b>	ALL	OF	THE
INF	ORMATIC	)N P	ROVI	DED	ON	<b>THIS</b>	APPL	ICAT]	ION	IS TR	UE A	ND (	COMP	LETE '	то тн	E BES	ST OF	MY
KN(	OWLEDGI	Ε.																

Signature of Applicant	Date	