



Fulton County Sheriff's Office
 268 W. Washington Ave.
 P.O. Box 269
 Lewistown, IL 61542
 (309)547-2277

Employment Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Previous Name/Alias: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Driver's License No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you currently employed? YES NO If so, may we contact your current employer? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony or a misdemeanor? YES NO

If yes, explain: _____

Note: Pursuant to Public Act 9300211, effective January 1, 2004 (20 ILCS 2630/12(a) and Public Act 93-0912, effective August 12, 2004 (705 ILCS 4055-915 (8A)), respectively, applicants are not obligated to disclose an arrest or conviction record that has been expunged or sealed, not an expunged juvenile record; and Fulton County is prohibited from asking if you have had records expunged or sealed.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment (Most Recent Employer First)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Disclaimer and Signature

I certify that all facts contained in this application are true and complete to the best of my knowledge.

I understand that omission or misrepresentation of facts may be grounds for rejection of this application or for dismissal from employment if subsequently discovered.

I authorize investigation of all statements contained herein and of the references listed above to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing information to you.

I hereby understand and acknowledge that, unless otherwise modified through applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employees may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In consideration of my employment, I agree to comply with all rules, regulations, and employment policies of the employer, if I am hired.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. *I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.*

Applicant Signature: _____ Date: _____

Employment Notice

Please take the time to tell us how you heard about the opening at Fulton County Sheriff's Office.

Newspaper Advertisement, if yes, what newspaper? _____

Facebook _____

College Advisor, if yes, which college? _____

Other, please explain _____

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and or/interview process should notify a representative of the Fulton County Sheriff's Office.