

Winnebago County Circuit Clerk's Office

Tom Lawson, Chief Deputy (815) 319-4560
400 West State St. – Rockford, IL 61101

PERSONAL

Last name		First name			Middle name
Current address		City	State	Zip code	Email address
Known by other names			Home phone number		Alternate phone number
Are you 18 years of age or older?					YES NO
Are you legally eligible to work in the United States? _____ U.S. Citizen _____ Visa Other: _____					YES NO
Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? If yes, explain. <i>(Applicants are not obligated to disclose (1) sealed or expunged records of conviction or arrest, or (2) expunged juvenile records of conviction or arrest, or (3) a crime which you have plead guilty, have received supervision, have complied with court supervision, and have received a judgment dismissing the charge).</i>					YES NO
If yes, explain: _____ <i>(Note: Conviction are not automatic bar to employment in most positions, but are reviewed in relation to the position applied for. Convictions not reported may be cause for immediate discharge.</i>					
Complete only if driving is a job requirement. Do you have a valid driver's license? License Number: _____ State: _____					YES NO

EMPLOYMENT INFORMATION

Position applying for		Date available	Salary expectation	
Shift preference?	<input type="checkbox"/> 1 st shift <input type="checkbox"/> 2 nd shift <input type="checkbox"/> 3 rd shift	Type of work sought?	<input type="checkbox"/> Full time <input type="checkbox"/> Temporary	<input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal
Have you previously worked for Winnebago County? If yes, please list position and dates of employment.			YES	NO
Position _____		Dates _____		
Are you capable of performing the essential job functions of the position for which you are applying, provided reasonable accommodations can be made? <small>Do not answer this question if you have not received a copy of the job description and/or posting.</small>			YES	NO

EDUCATION AND SKILLS

	School Name and Location (City & State)	Course of study	Last year completed				Graduate?		Diploma or degree
			1	2	3	4	YES	NO	
High School									
College									
Grad/Tech School									

Professional licenses, certificates or memberships:
Other courses of training relevant to the position applying for:

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record including any military service. Start with present or most recent employer. Include at least three (3) years history. Insert resume, if available, after completing this section.

Company Name	From (Mo/Yr)	To (Mo/Yr)	Starting salary	Ending salary
Address	Last position held		Supervisor	
City, State, Zip code	Describe work and responsibilities			
Phone number				
Type of business	Reason for leaving		May we contact?	

Company Name	From (Mo/Yr)	To (Mo/Yr)	Starting salary	Ending salary
Address	Last position held		Supervisor	
City, State, Zip code	Describe work and responsibilities			
Phone number				
Type of business	Reason for leaving			

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City, state, Zip code	Describe work and responsibilities			
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Address	Last position held		Supervisor	
City, State, Zip code	Describe work and responsibilities			
Phone number				
Type of business	Reason for leaving			

ADDITIONAL WORK EXPERIENCE

List any other relevant work experience not contained in the above section

Company Name		Position	From (Mo/Yr)	To (Mo/Yr)
Supervisor	Phone number	Describe work and responsibilities		

Company Name		Position	From (Mo/Yr)	To (Mo/Yr)
Supervisor	Phone number	Describe work and responsibilities		

ADDITIONAL WORK EXPERIENCE (continued)

Company name		Position	From (Mo/Yr)	To (Mo/Yr)
Supervisor	Phone number	Describe work and responsibilities		

Company Name		Position	From (Mo/Yr)	To (Mo/Yr)
Supervisor	Phone number	Describe work and responsibilities		

Please identify and explain any gaps in employment longer than three (3) months.

PROFESSIONAL REFERENCES

List two (2) professional/business references that we may contact. Do not list personal references.

Name	Address	Relationship	Years known	Phone number
1.				
2.				

PERSONAL REFERENCES

List two (2) personal references.

Name	Address	Relationship	Years known	Phone number
1.				
2.				

I hereby authorize the person(s) named, or listed, on my application and /or resume (or any other persons who can verify such information) to discuss and verify the information that I have provided to Winnebago County. I give my consent for all contacted persons, including my former employer(s), to provide information (including transcripts, grades and similar information) concerning my resume and /or application for employment. I hereby release such person(s) from liability for discussing or providing this information to Winnebago County, its employees, agents or representatives.

I hereby certify that all statements in this application are true and correct to the best of my knowledge and understand that falsification and/or omission of any information shall be grounds for termination of employment. I also give the Company permission to verify education credentials/degrees and to contact references/previous employers to obtain work performance information. I understand that all offers of employment are conditional, subject to the receipt of satisfactory references and/or background reviews and/or medical examination which may include drug testing. For positions not in a bargaining unit, I understand my employment will be employment-at-will.

Signature

Date

Winnebago County is an equal opportunity employer – M/F/H/V

Winnebago County Employment Application

Name (Last name, first name, middle name): _____
(Please print)

Social Security Number: _____ **Date:** _____

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Winnebago County employees may be subject to one or more of the following prior to employment. *Background checks and pre-employment testing is determined by the position applying for.*

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- | | |
|--|--|
| <input type="checkbox"/> Pre-employment, post offer physical examination | <input type="checkbox"/> Skills and aptitude testing |
| <input type="checkbox"/> Credit history review | <input type="checkbox"/> Oral examinations |
| <input type="checkbox"/> Criminal background | <input type="checkbox"/> Written examinations |
| <input type="checkbox"/> Physical agility testing | <input type="checkbox"/> Pre-employment, post offer drug screen
(10-panel and/or DOT) |

For River Bluff Nursing Home Applicants:

(SB358-Public Act 89 – 197 7-21-95)

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1. River Bluff Nursing Home shall request a Uniform Conviction Information Act (UCIA) Criminal History Record check
2. You have the right to:
 - a. Applicants may obtain a copy of the criminal records report
 - b. Applicants may challenge the accuracy and completeness of the report by requesting:
 - i. A finger print check initiated within seven (7) days of the UCIA report by calling the Illinois State Police at (815) 740-5160 for information and necessary forms.
 - ii. A waiver can be obtained from the Illinois Department of Public Health and must be applied for within thirty (30) days of the background check report. Call (217) 782-2913 for information and necessary forms.
3. All applicants shall be hired conditionally and shall be terminated if the Criminal Records Report indicates that the applicant has a record of conviction of any criminal offense enumerated in Section 25 of the Act, unless your identity is validated and it is determined that you do not have a disqualifying criminal history based on a fingerprint-based records check pursuant to Section 35 of the Act.
4. River Bluff Nursing Home does not offer employment to an applicant or retain an employee who is granted a waiver under section 40 of the Act.

A copy of the Uniform Conviction Information Act Criminal History Check Policy was given to me.

I have read the above and I understand that my employment with Winnebago County is contingent with successfully completing all pre-employment background check and/or physical, written and/or oral examinations, as required by position. I further understand that if I falsify or fail to cooperate with any portion of any pre-employment testing requirement, my application will be withdrawn from further consideration.

I hereby authorize Winnebago County to conduct all necessary pre-employment background checks and/or physical, written and/or oral examinations. I further authorize all current and previous references, employers and/or medical institutions, etc. to provide information concerning me to Winnebago County.

Applicant signature

Date

Winnebago County Employment Application Voluntary Self-Identification

Name (Last name, first name, middle name): _____
(Please print)

Position applying for: _____ **Date:** _____

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Winnebago County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, sex, age, religious creed, marital status, sexual orientation, citizenship, national origin, disability, veteran status, or any other classification protected by Federal, State or Local law. The information below will be used only in the administration of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

Gender: I am...(check one)

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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Ethnic Group: I am... (check one)

	American Indian or Alaskan Native – A person having origins in any of the original peoples of North American and South America (including Central America), and who maintains tribal affiliation or community attachment.
	Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	Black or African American – A person having origins in any of the Black racial groups of Africa.
	Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East, not of Hispanic origin.
	Hispanic or Latino (All races) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or original, regardless of race.
	Multiracial – A person having origins of two or more of the above races.

Veteran Status: I am...(check one)

	Special Disabled Veteran – Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 to 20 percent in the case of a veteran who has been determined to have a serious employment disability or (b) a person who was discharged or released from active duty because of a service-connected disability.
	Vietnam Era Veteran – A Vietnam era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was preformed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

Disabled Status: I am...

	Disabled Individual – Under the Rehabilitation Act of 1973, a disabled individual is one who: has a physical or mental impairment which substantially limits one or more major life activity; has a record of such impairment; or is regarded as having such impairment. Major life activities: caring for one's self, walking, seeing, hearing, speaking, breathing, learning and working.
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[]	I choose not to self-identify at this time.
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