

ROCK ISLAND COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION

Return application to: Rock Island County Sheriff's Office, Attn: Administration
1317 Third Avenue, Rock Island, IL 61201

Rock Island County...Build the future and improve the quality of life for our community.

Rock Island County is an Equal Opportunity Employer. All applicants will receive consideration for employment without regard to age, sex, disability, race, religion, color, marital status, sexual orientation or national origin.

PERSONAL INFORMATION (Please type or print)

Name _____
(Last) _____ (First) _____ (Middle Initial) _____

Phone Number _____

Address _____
(Street) _____

City _____

State _____ Zip Code _____ Email Address _____

List additional names you have used or been known by _____

Date: _____	Date available to work: _____
Position Desired: _____	How were you referred to Rock Island County? _____
Have you previously applied for employment with Rock Island County? Yes _____ No _____ If yes, when? _____	
Are you 18 years of age or older? Yes _____ No _____	Do you have the legal right to work in the U.S.? Yes _____ No _____
Work Preference: Full-time _____ Part-time _____	Desired Salary: _____
Are you available: 40 hours _____ Over 40 hours _____ Irregular shifts _____ Nights _____ Saturdays or Sundays _____ Holidays _____	
Are you related to a current employee of Rock Island County? Yes _____ No _____	If yes, name of employee _____ Relationship _____ Department _____
Have you previously been employed by Rock Island County? Yes _____ No _____	If yes, when? _____ Department _____ Supervisor _____
Do you have an active driver's license? Yes _____ No _____ Do you have an active CDL? Yes _____ No _____ Classification: _____	
Have you ever been convicted of a crime? Yes _____ No _____ <i>For Illinois applicants, you are not obligated to disclose sealed or expunged records of conviction or arrest.</i> If yes, you must provide the following information: Felony _____ Misdemeanor _____ Name of crime(s)/conviction(s) _____ Date of conviction(s) _____ Name and location of Court(s) which convicted _____	

EDUCATION AND TRAINING

Type of School	Name and Location of School	Graduated?	Major Field	Diploma or Degree
High School		Yes _____		
		No _____		
College		Yes _____		
		No _____		
Graduate		Yes _____		
		No _____		
Other (Trade, Technical, etc.)		Yes _____		
		No _____		

Special Qualifications and Skills (including computer, typing, shorthand, specialized training, extra-curricular activities, etc.)

EMPLOYMENT RECORD

List present and most recent employer first, include military service and volunteer work.

Employer:	Employment Dates From: _____ To: _____	Work Performed:
Address & Phone #:		
Job Title:	May we contact this employer? Yes _____ No _____	
Supervisor:		
Reasons for leaving:		
Employer:	Employment Dates From: _____ To: _____	Work Performed:
Address & Phone #:		
Job Title:	May we contact this employer? Yes _____ No _____	
Supervisor:		
Reasons for leaving:		
Employer:	Employment Dates From: _____ To: _____	Work Performed:
Address & Phone #:		
Job Title:	May we contact this employer? Yes _____ No _____	
Supervisor:		
Reasons for leaving:		
Employer:	Employment Dates	Work Performed:

Address & Phone #:	From: _____	_____
Job Title:	To: _____	_____
Supervisor:	May we contact this employer? Yes _____ No _____	_____
Reasons for leaving:		

Have you ever been dismissed or forced to resign from any previous position? This includes any previous position not listed on this application. Yes _____ No _____ If yes, please explain:

PROFESSIONAL REFERENCES (Do not include relatives or former employers.)

Name	Address	Telephone	Occupation	Years

APPLICANT'S STATEMENT – Please read before signing.

In making this application for employment, I understand Rock Island County may conduct investigations including verifications of prior employment history and education. I hereby certify that all statements in this application are true. I understand that any false statements, omissions or misrepresentations will result in the offer of employment to be rescinded or employment to be terminated.

Signature _____

Date _____

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Revised 01/22/21