

INTERNAL APPLICATION
Return application to: Rock Island County, Attn: Human Resources
1504 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 print)

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

Date: _____	Date available to work: _____
Position Desired: _____	How did you hear about the open position? _____
Work Preference: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	Desired Salary: _____
Are you available: <input type="checkbox"/> 40 hours <input type="checkbox"/> Over 40 hours <input type="checkbox"/> Irregular shifts <input type="checkbox"/> Nights <input type="checkbox"/> Saturdays or Sundays <input type="checkbox"/> Holidays	
Do you have an active driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No Classification: _____	

ADDITIONAL EDUCATION OBTAINED WHILE EMPLOYED AT ROCK ISLAND COUNTY

Type of School	Name and Location of School	Graduated?	Major Field	Diploma or Degree
High School		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
College		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
Graduate		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
Other (Trade, Technical, etc.)		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		

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

DEPARTMENTAL POSITIONS AND RESPONSIBILITIES

Department	Employment Dates From: _____ To: _____	Work Performed: _____ _____
Phone #:		
Job Title:	Hourly Rate/Salary Starting: _____ Final: _____	
Supervisor:		
Reasons for changing positions:	May we contact <input type="checkbox"/> Yes this employer? <input type="checkbox"/> No	

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 _____