



FULTON COUNTY BOARD

Fulton County Courthouse
100 North Main St.
Lewistown, Illinois 61542
Phone (309) 547-3041

APPLICATION FOR EMPLOYMENT

1. You must fully and accurately complete this Application for Employment. Incomplete applications will not be considered.
2. This Application for Employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new Application for Employment.

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 Fulton County.

Name and Address	
Name (Last, First, Middle): Number	Social Security (VOLUNTARY)
Present Address:	(Contact Number)
City, State and Zip Code	
Prior Address:	
City, State and Zip Code	
Are you at least 18 years of age _____ Yes _____ No	

Additional Information	
If you are hired, can you supply proof of age? _____ Yes _____ No	
If you are hired, can you supply the required documentation To verify your lawful right to work in the United States? _____ Yes _____ No	

Have you ever been convicted of a felony or of a misdemeanor _____ Yes
 _____ No involving theft or dishonesty? If yes, please explain:

_____ Note: Pursuant to Public act 93-0211, 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.

JOB POSITION INFORMATION

Position desired	
Date you can start	
Salary or wage rate desired	
Are you employed now?	
If so, may we inquire of you present employer?	
Have you ever been employed by Fulton County before?	
If so, when?	
Are you able to meet the attendance requirements of the position?	
Driver's License Number if driving is an essential function	

EDUCATION

(SCHOOLS ATTENDED OR SPECIAL TRAINING RECEIVED)

School	From	To	Did you graduate?
Location	Type of degree or diploma		
School	From	To	Did you graduate?
Location	Type of degree or diploma		

School	From	To	Did you graduate?
Location		Type of degree or diploma	

WORK HISTORY

(Most Recent Employer First)

Employer	From	To	Hrs/Week	Job Title
Address	Phone	Supervisor	May we contact this employer?	
Reason for leaving?				
Employer	From	To	Hrs/Week	Job Title
Address	Phone	Supervisor	May we contact this employer?	
Reason for leaving?				
Employer	From	To	Hrs/Week	Job Title
Address	Phone	Supervisor	May we contact this employer?	
Reason for leaving?				

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 EMPLOYEE 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.

Signature of Applicant _____

Date _____