

**Ogle County Highway Department
Personnel Application**

Application for: _____
Office or Department Description

Position Requested: _____
Identify Position or Describe Job

Date of Application: _____ Date Applicant Could Begin Work: _____

NOTICE

The County of Ogle complies with all State and Federal equal opportunity employment laws. Qualified applicants shall be considered for each and every position requested without regard to race, color, religion, sex, national origin, age, marital status, veteran status, unfavorable discharge from the military, disabilities or any other protected status as set forth by law.

APPLICANT INFORMATION

I.

Name _____
Last First M.I.

Current Address _____

Phone No. _____
Home Work Ext.

II. Certain positions require a complete physical examination by a licensed physician. If you are applying for one of those positions, please complete supplemental forms for that position.

III. Are you a citizen of the United State of America, or an alien authorized to work in the United States?
 Yes No

IV. Are you a resident of Ogle County? Yes No

IV. Are you 18 years old or older? Yes No

EMPLOYMENT HISTORY

V. Current or most recent employment:

Name of Employer: _____ Phone No. _____

Address: _____ Type of Business: _____

Immediate Supervisor: _____ Your Position: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Previous Employment:

A.

Name of Employer: _____ Phone No. _____

Address: _____ Type of Business: _____

Immediate Supervisor: _____ Your Position: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

B.

Name of Employer: _____ Phone No. _____

Address: _____ Type of Business: _____

Immediate Supervisor: _____ Your Position: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

C.

Name of Employer: _____ Phone No. _____

Address: _____ Type of Business: _____

Immediate Supervisor: _____ Your Position: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

List all skills or special qualifications you may have for the positions applied for, (include any previous experience training, awards, recognition, and list machines, instruments, or other devices you are trained to operate):

VI.

EDUCATIONAL BACKGROUND

High School Graduate or G.E.D.: Yes No

Secondary Education: _____ Year Completed: _____

Major/Minor Achieved: _____ Other Academic Accomplishments: _____

VII.

REFERENCES

(Exclude Employers or Relatives)

	<u>Name</u>	<u>Address</u>	<u>Phone No.</u>	<u>Length of Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

APPLICANT'S ACKNOWLEDGMENT OF VERACITY OF STATEMENTS
AND AGREEMENT FOR COMPLIANCE

In completing and submitting this application, I hereby acknowledge that all answers given or statements made are true, complete and correct to the best of my knowledge. I understand that any information not provided that may be requested either directly or indirectly pursuant to law or any information not completed accurately, will be grounds for rejection of said application for consideration of employment or grounds for immediate dismissal from said employment. I understand further that this document and any related documents upon completion is the sole property of the County of Ogle and shall be held by the Ogle County Board Chair designate and the head of the department or office for which position I am requesting employment.

If employed, I do hereby acknowledge that I will abide by all rules and regulations of the County of Ogle and those rules and regulations promulgated by the specific office or department in which I may be employed. I understand that a violation of any of the rules or regulations set forth as identified in the previous paragraph shall be grounds for disciplinary action and/or removal from office.

Applicant's Name: _____
(Printed)

Applicant's Signature: _____ Date: _____

Signed and Sworn to before me: (if applicable)

Notary Public

Date