Application for Employment The County of Whiteside, Illinois

Your interest in employment is appreciated. Thank you for taking the time to complete this application. Unsolicited applications are retained in the files of the County Administrator's Office for six (6) months.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities.

The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding data, personal character, general reputation and mode of living. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

Background Checks.

Criminal checks. For law enforcement employees, judiciary employees and certain types of healthcare workers, preemployment criminal checks may be made at County expense.

Background checks. By applying for a position with the County or an affiliate employer, applicants understand they are subject to background checks.

Offers of Employment.

For those positions with essential job functions requiring strenuous or repetitive lifting/pulling/pushing and/or running, offers of employment will be made contingent upon the satisfactory outcome of a pre-employment physical examination, including a back evaluation, performed at County expense.

Drug and Alcohol screenings. For certain categories of employment (i.e., employees required to possess a CDL, law enforcement employees and judiciary employees) offers of employment will be made contingent upon the satisfactory outcome of a pre-employment drug/alcohol screening at County expense.

PLEASE PRINT LEGIBLY Application Date: _____/ _____/____ Position(s) applied for: Name: First Middle Initial Social Security #: _____ - ____ - ____ (preferred) _____ / ____ - ____ (best time to call: _____) Telephone: _____/ ____ - ____ (best time to call: _____) Address: ____ City State Zip Street Are you legally eligible for employment in the U.S.A.? Yes No (If hired, you will be required to submit proof of your eligibility to work in the U.S.A.) Are you over the age of eighteen? Yes No (If no, hire is subject to verification that you are of minimum legal age.) Were you previously employed by the County? Yes No If yes, when? Are you presently retired from an IMRF-employer? Yes No (Retirement benefits may be affected when returning to work.)

Health Department Applicants: Are you the spouse, child, parent, brother or sister by blood, adoption or marriage of a member of the Whiteside County Community Health Clinic Governing Council or Board of Health?

Yes No

| Employment History Please list your present and past empl | oyment, beginning w | ith your most re | ecent position. | | | |
|---|---------------------|-------------------------------|---------------------|--------------------|--|--|
| Employer A | | | | | | |
| Employer's Name and Address: | From: | To: | | | | |
| | Month/Year | Month/Year | Reason For Leaving: | Supervisor's Name: | | |
| | 2 | | | | | |
| | | Position: Describe Your Work: | | | | |
| Telephone: | Describe rour | WOIK. | | | | |
| · | | | | | | |
| // | | | | | | |
| Employer B | | | | | | |
| Employer's Name and Address: | From: | To: | _ | | | |
| | Month/Year | Month/Year | Reason For Leaving: | Supervisor's Name: | | |
| | Position: | | | | | |
| | | Position: Describe Your Work: | | | | |
| Telephone: | | | | | | |
| | | | | | | |
| // | | | | | | |
| Employer C | | | | | | |
| Employer's Name and Address: | From: | To: | | | | |
| | Month/Year | Month/Year | Reason For Leaving: | Supervisor's Name: | | |
| | | | | | | |
| | | | | | | |
| | Doccribo Vour | VVOIK. | | | | |
| Telephone: | Describe Your | | | | | |
| Telephone: | Describe Your | | | | | |

| addition, I offer the following | as personal references, wl | nich may also be conta | acted: | |
|---------------------------------|----------------------------|------------------------|-------------|-------------------|
| Name | Relationship | | Telephone | |
| | | | | |
| | | | | |
| ducation and Training (Resume | e may be submitted) | | | |
| Name and Address | | | | |
| | | circle last year | | |
| High School | Course of Study | completed | Graduate? | Degree or Diploma |
| | | 1 2 3 4 | Yes No | |
| | | 1 2 3 4 | Yes No | |
| | | | | |
| College/University | Course of Study | | Graduate? | Degree or Diploma |
| | | 1 2 3 4 | Yes No | |
| | | 1 2 3 4 | Yes No | |
| | | 1 2 3 4 | Yes No | |
| | 1 | | | • |
| Trade/Specialty School | Course of Study | | Certificate | e or Diploma |
| | | | | |
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I hereby certify that the information submitted on and/or attached to this application, or which may be communicated to a follow-up employment interview, is true and correct. Proof of previous employment, education or any other statements made in this application or ensuing interview(s) may be required.

I understand that if I am offered and accept employment, information provided on this application that is false may cause my dismissal.

I further understand that some positions of employment in the County require pre-employment physicals and/or drug testing, pursuant to policies or collectively bargained operating procedures.

| | | | | Signature of Applicant | |
|----|-------|---------------|---|---|------------|
| Ba | ackgr | ound and Inte | erview Notes (for internal use | only) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ln | tervi | ew Notes: | Date: | Time: | |
| (|) | Prospective | employee given (updated?) Cla | ass Specification/Job Description and list of Essential Job I | unctions. |
| (|) | | sential Job Functions; Employe commodations were made, des | ee Signed-Off on Essential Job Functions/Reasonable Accoscribe below. | mmodations |
| (|) | Discussed pr | e-employment physical and alo | cohol/drug policies. | |
| | | Was a verba | l offer of employment extende | d to the applicant. Yes No | |
| | | | | | |

Hiring Notes:

For those positions with essential job functions requiring strenuous or repetitive lifting/pulling/pushing and/or running, offers of employment will be made contingent upon the satisfactory outcome of a pre-employment physical examination, including a back evaluation, performed at County expense. The hiring department/office will make arrangements for the evaluation. (Call the Whiteside County Health Department at 815-626-2230 to make the appointment.)

Drug and Alcohol screenings. For certain categories of employment (i.e., employees required to possess a CDL, law enforcement employees and judiciary employees) offers of employment will be made contingent upon the satisfactory outcome of a pre-employment drug/alcohol screening at County expense. The hiring department/office will make arrangements for the evaluation.

Accepted offers of employment should be followed-up in writing within 24 hours. The follow-up correspondence should include the following:

- 1. The date and time of the prospective employee's pre-employment examination and that hiring is contingent upon a satisfactory outcome of the examination, including screenings.
- 2. The prospective employee's start time and date and beginning wage.
- 3. If applicable, the name of the prospective employee's immediate supervisor.
- 4. The prospective employee's approved work time.
- 5. For the hiring of a full-time employee, the first day of health insurance coverage.

Please complete the blue employment status sheet for the Administrator's Office ASAP.

Present the new hire with the enrollment orientation "primer" (may be included in the follow-up letter).