

Ogle County General Application

Personal Information

Full Name:	_____	Date:	_____
	Last First MI		
Address:	_____		
	Street	Apt/Suite	
	City	State	Zip Code
Email	_____	Phone	_____
What position are you applying for?	_____		
Have you worked for Ogle County previously? (Current Employees select 'yes')			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you applied to this position previously?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you applied to any positions within Ogle County previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can we contact your present Employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you at least 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you require sponsorship in the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
When are you available to start?	_____		
Have you ever been fired or laid off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Why?	_____		

Education

High School (GED) Name	_____		
Location	_____		
Graduation Date	_____		
Trade School Name	_____	Degree/Certification	_____
Location	_____	Field of Study	_____
Graduation Date	_____	GPA	_____

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Education Continued	
College Name _____	Degree/Certification _____
Location _____	Field of Study _____
Graduation Date _____	GPA _____

Experience

Please start with your most recent position.

Employer _____	Phone Number: _____
Address _____	
Position Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time	
Supervisor's Name _____	Title _____
Your Title _____	Date Started _____
Duties _____	Last Day _____
Reason for Leaving _____	

Employer _____	Phone Number: _____
Address _____	
Position Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time	
Supervisor's Name _____	Title _____
Your Title _____	Date Started _____
Duties _____	Last Day _____
Reason for Leaving _____	

Employer _____	Phone Number: _____
Address _____	
Position Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time	
Supervisor's Name _____	Title _____
Your Title _____	Date Started _____
Duties _____	Last Day _____
Reason for Leaving _____	

Employer _____	Phone Number: _____
Address _____	
Position Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time	
Supervisor's Name _____	Title _____
Your Title _____	Date Started _____
Duties _____	Last Day _____
Reason for Leaving _____	

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References

Please provide at least one previous co-worker/classmate and one previous supervisor/teacher.

Full Name and Title _____

Relationship _____

Email _____

Full Name and Title _____

Relationship _____

Email _____

Full Name and Title _____

Relationship _____

Email _____

Additional Skill

** Job Opportunities for Qualified Applicants Act, prohibits most employers from asking about criminal history until the later stages of the application process with three exceptions. There is no time restriction on how far back a background check may go in terms of identifying any criminal convictions. All positions are contingent on a background check.*

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission on this application shall be considered cause for dismissal.

Print Name _____

Sign Name _____

Date _____