



**Stephenson County Highway Department**  
**295 W. Lamm Road**  
**Freeport, Illinois 61032**  
**(P) 815-235-7497 (F) 815-235-7541**

**APPLICATION FOR  
 EMPLOYMENT**

**An Equal Opportunity Employer**

*We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.*

**PERSONAL**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone \_\_\_\_\_ Best time to contact you: \_\_\_\_\_  
(area code)

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration date \_\_\_\_\_

CDL?  YES  NO Driver's License Class \_\_\_\_\_

Have you been convicted of a felony in the last seven years?  Yes  No If yes, when: \_\_\_\_\_

Explain Felony \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

**JOB INTEREST/SKILLS**

Position(s) applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you applied for a position here before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Type of Employment requested: Full Time Part Time Temporary Summer

Are you currently employed? \_\_\_\_\_ If yes, can we contact your employer \_\_\_\_\_

Date when you could begin working \_\_\_\_\_ Have you ever served in the military \_\_\_\_\_

Are you presently in active reserves? \_\_\_\_\_ Discharge Date \_\_\_\_\_

Craft \_\_\_\_\_ Name and Address of Local Union Office \_\_\_\_\_

Will you abide by the safety rules of this company? \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# of YRS	GRADE AVG.	MAX. GRADE	DEGREE, DIPLOMA, CERTIFICATES AND HONORS RECEIVED
High School						
College or University						
Other Education						
Other Education						

**EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)**

1 Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employed From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2 Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employed From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3 Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employed From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**REFERENCES**

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>

Describe any specialized training, apprenticeship, skills and extra-curricular activities:  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT**

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Stephenson County Highway Department, I am to furnish information for use in determining my qualifications. In this connection, I do hereby authorize the release and full disclosure of any or all information that you may have, including information of a confidential or privileged nature, to any duly authorized agent of the Stephenson County Highway Department.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

A photocopy of this release will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

I understand the failure to sign this release will cause my application not to be considered.

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
*Signature*

AUTHORIZATION FOR RELEASE OF DRUG/ALCOHOL TESTING RECORDS

I understand that the Stephenson County Highway Department has a Drug/Alcohol Testing Policy, and that any job offer will be contingent upon pre-employment drug/alcohol test results.

I hereby authorize the release of all Drug/Alcohol test results to the Drug/Alcohol Policy Administrator for the Stephenson County Highway Department. This information is to be delivered in a manner which will insure confidentiality.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

A photocopy of this release will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
*Signature*