



Madison County Government
Madison County Board

Kurt Prenzler, CPA · County Board Chairman
Madison County Administration Building
157 N. Main Street, Suite 165 · Edwardsville, IL 62025-1963
Phone (618) 296-4341 · Fax (618) 692-7476
email: cboard@co.madison.il.us

Application For Employment

As an equal opportunity employer, employment is determined by a person's qualifications and abilities without regard to race, color, creed, national origin, religion, age, sex, sexual orientation, disability, veteran status, marital status or genetic information.

All information will be regarded as confidential and will be retained in our active file for one (1) year. Thereafter if employment is still desired, the applicant must reapply.

POSITION APPLIED FOR _____

DEPARTMENT _____

Date of Application _____ Starting Salary Desired _____

PERSONAL DATA

Name _____
Last First Middle Initial

Current Address _____
Number Street City State Zip Code

Current Telephone Number _____ Alternate Number _____

E-mail _____

If non-citizen, indicate visa type and number _____

AVAILABILITY

Date available for employment _____

Are you interested in (check appropriate box): Full Time Part Time Temporary

Are weekends acceptable? Yes No

What shifts are you available to work? Day Evening Night

EDUCATION

Type of School	Name & Location of School	Major / Field of Study	Diploma or Degree
High School			
Vocational or Technical School			
College/University			
Other			

FOR PROFESSIONAL AND OR TECHNICALLY TRAINED APPLICANTS:

List any registry, license or certification held _____

What State? _____ Date Received _____

Can you use a P.C. Yes No

List computer types and software used _____

Other clerical skills _____

MISCELLANEOUS

Were you previously employed by Madison County?

Yes No If yes, when? _____

EMPLOYMENT HISTORY

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER

Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Job Title	Name of Supervisor
	Describe the work you did:			
Telephone	Reason for leaving:			

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	Describe the work you did:			
Telephone	Reason for leaving:			

Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Job Title	Name of Supervisor
	Describe the work you did:			
Telephone	Reason for leaving:			

May we contact your present employer? Yes No

If you were employed by any of the above employers under a different name, please state that here:

Account for periods of unemployment other than when you were in school:

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone #

Use this space and additional sheets, if necessary, for additional information you want us to know in considering you for employment.

APPLICANT, PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the County shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me on this application. I authorize the County to investigate all statements contained on this application. This includes authorizing the County to investigate all references and to secure additional information if related to this employment application. I further authorize the County to contact law enforcement agencies with regard to criminal records information and consumer reporting agencies with regard to credit and character information. I release from liability the County and its representatives for seeking such information and other persons or organizations from furnishing such information. I understand that some Madison County Departments operate 24 hours a day, 7 days per week, and that weekend work or changes of shifts may be required. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer and accept the established pay period as provided in accordance with the Fair Labor Standards Act (as amended). I understand that my employment is subject to passing a mandatory drug screen and a physical exam (if required), satisfactory reference checks, presentation of identification as required to conform to immigration laws, and accuracy of all pre-employment information furnished. I understand that this employment application and any other County documents are not contracts of employment that any individual who is hired may voluntarily leave employment upon proper notice, or may be terminated by the employer. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE

Signature of Applicant

Date

A photocopy of this release form and signature will be valid as original.

Jeff C. Connor
SHERIFF



**OFFICE OF THE SHERIFF
MADISON COUNTY, ILLINOIS**
405 Randle Street
Edwardsville, Illinois 62025

Administration: (618) 692-6087
Investigation: (618) 692-0871
County Jail: (618) 692-1064
Emergency: (618) 692-4433
Fax: (618) 656-1210

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Madison County, Illinois Sheriff's Office, whether the said records are public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions: financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Madison County, Illinois Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Madison County, Illinois Sheriff's Office from any and all liability which may be incurred as a result of collection such information.

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

I have read and fully understand the contents of this authorization for release of personal information.

Witness

Date

Signature (Include Maiden Name)

Address

Phone

Date of birth

Social Security Number