

**7<sup>TH</sup> JUDICIAL CIRCUIT OF ILLINOIS**  
**SANGAMON COUNTY COURT SERVICES DEPARTMENT**  
**APPLICATION FOR EMPLOYMENT**

Personal Information				
Date of Application:		Position Applied for:		
Full Legal Name:				
Street Address:				
City:		State:		Zip Code:
Best Contact No.:			E-Mail Address:	
Are you legally authorized to work in the United States?      Yes      No				
If you live outside of the state, are you willing to establish residency in the State of Illinois?      Yes      No				
List any other names or aliases you have been known by and give reasons for each.				
Education and Training				
High School Attended:			City, State:	
College/University	Date Graduated	Major	Degree Earned	
Professional License/Certification	State Issued	License Number	Date Issued	Expiration
Do you have any other skills that would be beneficial to the position for which you applied?				

## Military Service

Branch:

Date of Entry:

Highest Rank Held:

Separation Date:

Rank at Discharge:

Type of Discharge:

Please describe duties performed and list training received while serving in the Armed Forces. Also list any medals or awards you received.

If you served in the Armed Forces, please attach a copy of your DD-214 Form.

## Criminal History

Have you ever been convicted for any offense either as a juvenile or as an adult?

Yes

No

If yes, please state the nature of the offense, date, city, county, state and sentence received. An arrest on record is not an automatic bar to employment and the nature, recency, and disposition of any offense will be considered only as it relates to the job for which you applied.

Do you use or have you ever used any narcotics or controlled substances not prescribed by a physician or other medical personnel?

Yes

No

If yes, explain in detail below.

**THIS QUESTION SHOULD ONLY BE ANSWERED IF YOU ARE APPLYING FOR A PROBATION OFFICER/DETENTION OFFICER POSITION OR A MANAGEMENT POSITION.** Illinois Statute 430 ILCS 130/30 (a) 9 prohibits Probation Officers, Detention Officers and Court Services Managers from utilizing medical cannabis (marijuana). If you use medical cannabis, you are disqualified from applying for these positions and may wish to withdraw your application now. Please check mark a selection below.

**Yes, I will comply with Illinois Statute 430 ILCS 130/30 (a)**

**No, I will not comply with Illinois Statute 430 ILCS 130/30 (a)**

Have you ever engaged in, been convicted of or have you been civilly or administratively adjudicated to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution or engaging in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse?

Yes

No

Have you ever been accused of sexual harassment in any employment or community situation?

Yes

No

## Employment History

Please list your work experience beginning with your current or most recent employer. Indicate any other experience which you feel is relevant to the position for which you are applying such as volunteer experience, internship experience, etc. This section must be completed even if a résumé is attached. Do not write “see résumé” under Description of Duties. Attach additional pages as needed.

Can we contact your current employer?      Yes      No

Position Title:

Start Date:

Leave Date:

Name of Employer:

Phone:

Address:

City, State, Zip:

Type of Business:

Supervisor's Name/Title:

Reason for Leaving:

Description of Duties:

Position Title:

Start Date:

Leave Date:

Name of Employer:

Phone:

Address:

City, State, Zip:

Type of Business:

Supervisor's Name/Title:

Reason for Leaving:

Description of Duties:

### Employment History - Continued

Position Title:	Start Date:	Leave Date:
Name of Employer:		Phone:
Address:	City, State, Zip:	
Type of Business:		
Supervisor's Name/Title:	Reason for Leaving:	
Description of Duties:		
Position Title:	Start Date:	Leave Date:
Name of Employer:		Phone:
Address:	City, State, Zip:	
Type of Business:		
Supervisor's Name/Title:	Reason for Leaving:	
Description of Duties:		
Position Title:	Start Date:	Leave Date:
Name of Employer:		Phone:
Address:	City, State, Zip:	

## Employment History - Continued

Type of Business:

Supervisor's Name/Title:

Reason for Leaving:

Description of Duties:

## Personal/Professional References

Provide all of the following information requested for three personal/professional references. Do not include relatives or past or current employers.

Name:

Years Known:

County:

Street Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Occupation:

Employer:

Name:

Years Known:

County:

Street Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Occupation:

Employer:

Name:

Years Known:

County:

Street Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Occupation:

Employer:

### **Application for Employment Certification**

I certify that all statements made in this application and on any attachments included are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts or omissions may subject me to disqualification or dismissal.

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Applicant's Full Signature

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Date

### **Authorization to Release Information**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized personnel of Sangamon County Probation and Court Services, whether the said records are of public, private or confidential nature.

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 with Sangamon County Probation and Court Services. 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 Sangamon County Probation and Court Services from any and all liability which may be incurred as a result of collecting 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 the Authorization to Release Information.

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Applicant's Full Signature

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Date

*Sangamon County is committed to the provisions of Equal Employment Opportunity and Affirmative Action to all applicants regardless of race, color, religion, ancestry, age, sex, marital or veterans' status, national origin, disability or any other legally protected status.*