

Franklin County

Office of Emergency Management & Communications

Employment Application



The following information is required in order to help the agency make the best possible selection of a candidate for appointment. All portions of this application must be completed. We appreciate the time you spend in filling in the application form. The County of Franklin, Illinois, in accordance with State and Federal laws, does not discriminate based on age, race, religion, color, sex, national origin, marital status or disability.

PRE-APPOINTMENT QUESTIONNAIRE

PERSONAL INFORMATION				
NAME (LAST NAME FIRST)			SOCIAL SECURITY No.:	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? YES _____ NO _____	PHONE NUMBER:		ALTERNATE PHONE NUMBER:	

DESIRED APPOINTMENT INFORMATION		
POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES _____ NO _____	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES _____ NO _____	
EVER APPLIED TO THIS DEPARTMENT BEFORE? YES _____ NO _____	WHEN?	FINAL OUTCOME?
EVER WORKED FOR TO THIS DEPARTMENT BEFORE? YES _____ NO _____	WHEN?	FINAL OUTCOME?
REASON FOR LEAVING:		
NAME OF LAST SUPERVISOR AT THIS DEPARTMENT:		

EDUCATION				
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED

GENERAL
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS			
NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? Yes _____ No _____	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? Yes _____ No _____	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? Yes _____ No _____	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

HAS YOUR EMPLOYMENT BEEN TERMINATED (OR NOT RENEWED) BY ANY EMPLOYER IN THE LAST 5 YEARS?	
IF "YES", PLEASE EXPLAIN: _____ _____ _____	
(PLEASE ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED FOR YOU EXPLANATION)	

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE	YEARS ACQUAINTED

THE AGENCY RESERVES THE RIGHT TO CONFER WITH PERSONS LISTED BY YOU AS A REFERENCE, OR WITH ANY OTHER INDIVIDUALS, WITH KNOWLEDGE CONCERNING YOUR TOTAL QUALIFICATIONS FOR THE POSITION. THE AGENCY WILL NOT INQUIRE INTO YOUR FINANCIAL STATUS, RELIGIOUS AFFILIATION, MARITAL STATUS, OR ON OTHER MATTERS UNRELATED TO YOUR QUALIFICATIONS TO FILL THE POSITION FOR WHICH YOU APPLIED. INFORMATION RECEIVED FROM SUCH INQUIRIES WILL BE USED SOLELY FOR DETERMINING YOUR APPOINTMENT TO THE AGENCY AND FOR NO OTHER PURPOSE. THIS INFORMATION WILL NOT BE SHARED WITH ANYONE OTHER THAN THOSE AGENCY REPRESENTATIVES INVOLVED IN THE SELECTION PROCESS. UNLESS YOU ARE WILLING TO AUTHORIZE THE AGENCY TO MAKE SUCH INQUIRIES, YOUR APPLICATION WILL NOT BE CONSIDERED.

I HEREBY CONSENT TO HAVING THE AGENCY CONTACT ANYONE THAT IT DEEMS APPROPRIATE TO INVESTIGATE OR VERIFY ANY INFORMATION I HAVE GIVEN, OR TO DISCUSS MY BACKGROUND, PAST PERFORMANCE, OR SUITABILITY FOR EMPLOYMENT. I FURTHER CONSENT TO BEING DISCUSSED BY ANY PERSON SO CONTACTED AND I WAIVE ALL RIGHTS TO BRING ANY ACTION FOR DEFAMATION, INVASION OF PRIVACY, OR ANY SIMILAR CAUSE AGAINST ANYONE CONTACTED AS A RESULT OF WHAT HE OR SHE MAY SAY ABOUT ME.

DATE _____

SIGNATURE

BECAUSE OF MY EXISTING EMPLOYMENT, I REQUEST THAT SUCH CONTACTS AND INQUIRIES BE DELAYED UNTIL AFTER _____.

DATE _____

SIGNATURE

BRANCH OF
SERVICEDISCHARGE DATE
RANK[illegible]

BACKGROUND INFORMATION

THE AGENCY SEEKS INDIVIDUALS FOR APPOINTMENT WHO WILL BE COMMUNITY LEADERS. THE AGENCY IS ALSO CONCERNED WITH PROVIDING A SAFE ENVIRONMENT. AS A CONSEQUENCE, THE AGENCY HAS DETERMINED THAT IT IS NOT ONLY IT'S RIGHT, BUT IT'S DUTY, TO OBTAIN INFORMATION ON AN APPLICANT'S CRIMINAL CONVICTION RECORD. A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FOR CONSIDERATION.

THE AGENCY WILL NOT ASK, AND YOU ARE NOT REQUIRED TO DISCLOSE, INFORMATION ABOUT EXPUNGED JUVENILE RECORDS OF ARREST AND CONVICTION. EXCLUDING MINOR TRAFFIC VIOLATIONS SUCH AS SPEEDING, ETC.

STATE WHETHER OR NOT YOU HAVE BEEN CONVICTED OF A CRIME:

YES _____ No _____ IF YES, SPECIFY:

TYPE OF OFFENSE

WHEN

COUNTY & STATE

IF YOU HAVE A CRIMINAL RECORD (A CONVICTION), PLEASE EXPLAIN:

A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO APPOINTMENT, AND FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION, WILL BE TAKEN INTO ACCOUNT.

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF APPOINTED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE AGENCY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE AGENCY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR APPOINTMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED AGENCY REPRESENTATIVE".

DATE

SIGNATURE

Franklin County
Office of Emergency Management & Communications
Background Validation Statement



Franklin County Office of Emergency Management & Communications operating under the authority of Franklin County Government reserves the right to run a background check on applicants and will not accept an application from anyone convicted or adjudicated of a felony or a finding of fault, guilt or violation, in regard to an offense involving a minor or any sexual offense; or, convicted or adjudicated with a finding of fault, guilt, or violation in regard to illegal/illicit drug or controlled substance as prescribed by Federal or State law or regulation.

Initial appropriate statement below:

_____ NO, I HAVE NOT been convicted or adjudicated of an offense involving a felony or any sexual offense, or offense involving any illegal/illicit drug or controlled substance, and I am not currently serving a sentence or on probation/parole for any offense.

_____ YES, I HAVE BEEN CONVICTED, or adjudicated of a felony or a finding of fault, guilt or violation, in regard to an offense involving a minor or any sexual offense, an offense involving any illegal/illicit drug or controlled substance; or I am currently serving a sentence or on parole/probation period for any offense or adjudication of guilt imposed by any court, judge or administrative body.

IF YOU ANSWERED YES – Please list the dates and County of your conviction(s) on page 2.

APPLICANT INFORMATION

First Name: _____ (MI): _____ Last Name: _____

Complete Address: _____

Date of Birth: _____ Sex: _____

Driver's License Number: _____ State of Issue: _____

I attest that the information provided on this form is true and accurate. Failure to provide true and accurate information could result in criminal prosecution.

Signature: _____ Date: _____

[illegible]