

**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**

<b>PERSONAL INFORMATION</b>				
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 <input type="checkbox"/> No <input type="checkbox"/>	PHONE NUMBER:		ALTERNATE PHONE NUMBER:	

<b>DESIRED APPOINTMENT INFORMATION</b>				
POSITION		DATE YOU CAN START		SALARY DESIRED
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> No <input type="checkbox"/>		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> No <input type="checkbox"/>		
EVER APPLIED TO THIS DEPARTMENT BEFORE? YES <input type="checkbox"/> No <input type="checkbox"/>	WHEN?		FINAL OUTCOME?	
EVER WORKED FOR TO THIS DEPARTMENT BEFORE? YES <input type="checkbox"/> No <input type="checkbox"/>	WHEN?		FINAL OUTCOME?	
REASON FOR LEAVING:				
NAME OF LAST SUPERVISOR AT THIS DEPARTMENT:				

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

<b>GENERAL</b>				
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 _____ _____	
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 _____ _____	
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 _____ _____	
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 YOUR EXPLANATION)

## REFERENCES

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.

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DATE

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**SIGNATURE**

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

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DATE

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**SIGNATURE**

## SERVICE RECORD

## 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

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

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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".

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DATE

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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: \_\_\_\_\_

