



ADAMS COUNTY

ANIMAL CONTROL WARDEN APPLICATION FOR EMPLOYMENT

Adams County is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Date _____

APPLICANT INFORMATION			
Last Name	First	Middle	Suffix
Street Address	City	State	Zip
E-mail Address		Primary Phone	Secondary Phone
Are you legally eligible for employment in the U.S.? YES [] NO [] <i>(If offered employment, you will be required to provide documentation to verify eligibility)</i>			
Are you over 18 years old? YES [] NO [] Do you have a valid Driver's License? YES [] NO []			
Are you willing to relocate if the position requires residency in Adams County? YES [] NO [] I live in Adams County []			

POSITION		
Position Desired	Department	Date Available to Begin Work
Are you able to perform the essential functions of this position, with or without a reasonable accommodation? YES [] NO []		
If no, please explain.		
Have you previously worked for Adams County before? YES [] NO []	If yes, please state department name and dates of employment.	
Are you related to anyone currently employed by Adams County? YES [] NO []	If yes, please state name and relationship.	

EDUCATION			
	Number of Years Completed	Name and Location of School	Degree/Major/Subject
High School Diploma [] G.E.D. []			
College			
Graduate			
Other (specify)			
List all other special courses, seminars, skills, licenses or memberships related to the position for which you are applying <i>(Omit any that may reveal your race, color, creed, gender, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status):</i>			

EMPLOYMENT HISTORY

Start with your current or most recent position (make extra copies of this page if needed). Incomplete information may disqualify you from further consideration.

Name of Employer	Address (include Street, City, State, & Zip)
Position/Title	From _____ To _____ (Mo/Yr) (Mo/Yr)
Supervisor Name and Title	Supervisor Phone Number May we contact? YES [] NO []
Responsibilities	
Reason for Leaving	

Name of Employer	Address (include Street, City, State, & Zip)
Position/Title	Dates Employed From _____ To _____ (Mo/Yr) (Mo/Yr)
Supervisor Name and Title	Supervisor Phone Number May we contact? YES [] NO []
Responsibilities	
Reason for Leaving	

Name of Employer	Address (include Street, City, State, & Zip)
Position/Title	Dates Employed From _____ To _____ (Mo/Yr) (Mo/Yr)
Supervisor Name and Title	Supervisor Phone Number May we contact? YES [] NO []
Responsibilities	
Reason for Leaving	

REFERENCES		
Please list the names of three professional references not related to you.		
Name	Relationship	Contact Information (Phone or E-mail)
1.		
2.		
3.		

APPLICANT'S CERTIFICATION AND AGREEMENT	
<p>I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Adams County to verify their accuracy and to obtain reference information on my work performance. I hereby release Adams County from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.</p> <p>I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.</p> <p>I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.</p>	
Signature	Date

Applicant will be required to pass a background investigation.

PLEASE MAIL OR RETURN THE COMPLETED APPLICATION BY MARCH 9th 2018 TO:

**Adams County Sheriff's Office
521 Vermont
Quincy, IL 62301**

Please call (217)277-2200 with any questions.

Adams County Sheriff's Office

Background Check Authorization

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the Adams County Sheriff's Office and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the Adams County Sheriff's Office or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

Please Print Clearly

1. Name (Full) _____
2. Maiden Last Name _____
3. List Any Former Names Used _____
4. Social Security Number ____ - ____ - _____
7. Date of Birth ____ - ____ - _____
8. Telephone Number _____
9. Current Street Address _____
10. City _____, State _____ Zip _____
11. Driver's License Number _____ State Issued _____
12. Name on Driver's License _____

By signing below, you are certifying that the above information is true and correct.

Signature

Date