

## INTERNAL APPLICATION

**Return application to: Rock Island County, Attn: Human Resources  
1504 Third Avenue, Rock Island, IL 61201**

*Rock Island County...Build the future and improve the quality of life for our community.  
Rock Island County is an Equal Opportunity Employer. All applicants will receive consideration for employment without regard to age, sex, disability, race, religion, color, marital status, sexual orientation or national origin.*

### PERSONAL INFORMATION (Please print)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Last) (First) (Middle Initial)

Date: _____	Date available to work: _____
Position Desired: _____	How did you hear about the open position? _____
Work Preference: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	Desired Salary: _____
Are you available: <input type="checkbox"/> 40 hours <input type="checkbox"/> Over 40 hours <input type="checkbox"/> Irregular shifts <input type="checkbox"/> Nights <input type="checkbox"/> Saturdays or Sundays <input type="checkbox"/> Holidays	
Do you have an active driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an active CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No Classification: _____

### ADDITIONAL EDUCATION OBTAINED WHILE EMPLOYED AT ROCK ISLAND COUNTY

Type of School	Name and Location of School	Graduated?	Major Field	Diploma or Degree
High School	_____	<input type="checkbox"/> Yes		
	_____	<input type="checkbox"/> No		
College	_____	<input type="checkbox"/> Yes		
	_____	<input type="checkbox"/> No		
Graduate	_____	<input type="checkbox"/> Yes		
	_____	<input type="checkbox"/> No		
Other (Trade, Technical, etc.)	_____	<input type="checkbox"/> Yes		
	_____	<input type="checkbox"/> No		
Special Qualifications and Skills (including computer, typing, shorthand, specialized training, extra-curricular activities, etc.)				
_____				
_____				

### DEPARTMENTAL POSITIONS AND RESPONSIBILITIES

Department	Employment Dates	Work Performed:
Phone #:	From: _____	
Job Title:	To: _____	
Supervisor:	Hourly Rate/Salary	
Reasons for changing positions:	Starting: _____	
	Final: _____	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### PROFESSIONAL REFERENCES (Do not include relatives or former employers.)

Name	Address	Telephone	Occupation	Years

#### APPLICANT'S STATEMENT – Please read before signing.

In making this application for employment, I understand Rock Island County may conduct investigations including verifications of prior employment history and education. I hereby certify that all statements in this application are true. I understand that any false statements, omissions or misrepresentations will result in the offer of employment to be rescinded or employment to be terminated.

Signature \_\_\_\_\_

Date \_\_\_\_\_