

# KENDALL COUNTY APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

DATE \_\_\_\_\_

**PERSONAL INFORMATION**

Name				Social Security Number
	Last	First	Middle	

Address				
	Street	City	State	Zip

Are You 18 Years or Older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone No.	Apartment No.
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In Case of Emergency Notify			
	Name	Address	Phone No.

Are You Prevented From Lawfully Becoming Employed In This Country Because of Visa or Immigration Status?  
 Yes  No

**EMPLOYMENT DESIRED**

Position	Date You Can Start	Salary Range Desired
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Are You Able to Meet the Attendance Requirements of This Job?

Are You Able To Work Overtime? If Not, Explain.

Are You Employed Now?	If So, May We Inquire Of Your Present Employer?
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Ever Worked For Kendall County Before?	Where?	When?	Former Supervisor
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Reason for Leaving \_\_\_\_\_

**EDUCATION**

	Name and Location of School	No Of Years Attended?	Did You Graduate?	Subjects Studied
High School				
College				
Trade, Business Or Graduate School				

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**GENERAL**

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Summarize Any Special Training, Skills, Licenses, and/or Certificates

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**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

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(If Employment Offer is made within the Kendall County Sheriff's Office, a more comprehensive employment history will be requested as part of a background check.)

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Name and Address of Present or Last Employer

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Starting Date

Month

Year

Leaving Date

Month

Year

Beginning Weekly Salary

Ending Weekly Salary

Job Title and  
Description of Duties

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Name and Title of Supervisor

May We Contact  
Your Supervisor?

Phone No.

Reason For Leaving

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Name and Address of Present or Last Employer

---

Starting Date

Month

Year

Leaving Date

Month

Year

Beginning Weekly Salary

Ending Weekly Salary

Job Title and  
Description of Duties

---

Name and Title of Supervisor

May We Contact  
Your Supervisor?

Phone No.

Reason For Leaving

---

Name and Address of Present or Last Employer

---

Starting Date

Month

Year

Leaving Date

Month

Year

Beginning Weekly Salary

Ending Weekly Salary

Job Title and  
Description of Duties

---

Name and Title of Supervisor

May We Contact  
Your Supervisor?

Phone No.

Reason For Leaving

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**SPECIAL QUESTIONS**

**DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED**  
 A BOX PRECEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS

Height \_\_\_\_\_ feet \_\_\_\_\_ inches Are you a U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are You Able to Perform Each Of The Following Job Functions With Or Without An Accommodation?

■ JOB FUNCTION 1: Yes No

If You Can Perform The Function With An Accommodation, Explain How You Would Perform The Tasks, And With What Accommodations?

■ JOB FUNCTION 2: Yes No

If You Can Perform The Function With An Accommodation, Explain How You Would Perform The Tasks, And With What Accommodations?

I understand and agree that I may be required to take a physical examination, agility test and/or drug test. I agree to consent to take such test(s) at such time as designated by the County and to release Kendall County or employees from any claim arising in connection with the use of such test(s). I also agree, is a conditional offer of employment has been made, that I will allow Kendall County to perform a check on previous work related injuries. \_\_\_\_\_ Yes \_\_\_\_\_ No

**CERTIFICATION AND ACKNOWLEDGEMENT**

I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY OF THE INFORMATION PROVIDED BY ME TO OFFICERS OR EMPLOYEES OF KENDALL COUNTY IN ORDER TO OBTAIN EMPLOYMENT IS FALSE, INCOMPLETE OR MISLEADING, MY APPLICATION FOR EMPLOYMENT MAY BE REJECTED, AND IF I AM EMPLOYED WITH KENDALL COUNTY WHEN THE FALSE, INCOMPLETE OR MISLEADING INFORMATION IS DISCOVERED, MY EMPLOYMENT MAY BE TERMINATED. I ALSO UNDERSTAND THAT THIS EMPLOYMENT APPLICATION IS A GOVERNMENT RECORD AND THAT MAKING A FALSE ENTRY IN A GOVERNMENT RECORD IS A CRIMINAL OFFENSE.

I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT, IF I AM EMPLOYED BY KENDALL COUNTY, MY EMPLOYMENT IS AT WILL AND THAT I SERVE AT THE PLEASURE OF THE ELECTED OR APPOINTED OFFICIAL EMPLOYING ME OR, IF I REPORT DIRECTLY TO THE COMMISSIONERS COURT, AT THE PLEASURE OF THE COMMISSIONERS COURT. I UNDERSTAND THAT ONLY THE COMMISSIONERS COURT, BY MAJORITY VOTE, HAS THE AUTHORITY TO ENTER INTO ANY BINDING CONTRACT ON BEHALF OF KENDALL COUNTY AND THAT NO OFFICER OR EMPLOYEE CAN ENTER INTO ANY EMPLOYMENT AGREEMENT WITH ME IN VIOLATION OF THIS REQUIREMENT.

I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT WITH KENDALL COUNTY, SUCH EMPLOYMENT MAY BE CONDITIONED ON SATISFACTORY COMPLETION OF A PHYSICAL EXAMINATION, AN AGILITY TEST, AND A DRUG TEST.

**DATE** **SIGNATURE**

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

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NAME	ADDRESS	BUSINESS	PHONE #	YEARS ACQUAINTED
1				
2				
3				

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**LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER**

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**APPLICANT STATEMENT**

1. I expressly authorize, without reservation, Kendall Count, its officers, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or during the job interview.

2. Please initial the applicable item below:

(a) The position I am applying for does not require a criminal or comprehensive background check. ( ) initials.

(b) The job I am applying for requires a criminal or comprehensive background check, and I hereby ( ) consent/ ( ) do not consent to the criminal and /or comprehensive background check. I understand that failure to consent to such background checks (if required for the job) could result in my application not being considered ( ) initials. I understand the purpose of obtaining this information is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Kendall County Sheriff’s Office to consider in determining my suitability for employment by that office or other office requiring similar information. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

3. I hereby waive any and all rights and claims that I may have regarding Kendall County, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

4. I understand that Kendall County does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

5. I understand that this application remains current for six (6) months. At the conclusion of that time, if I have not heard from Kendall County and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

6. I also understand that if I am hired, I will be required to provide proof of identity and legal authority (within three days) to work in the United States and that federal immigration laws required me to complete an I-9 Form in this regard.

FOR ALL CORRECTIONS OFFICERS, COMMUNICATION OFFICERS AND DEPUTY SHERIFF APPLICANTS (As applicable):

I (print full name)\_\_\_\_\_do hereby state that I read the job description for the \_\_\_\_\_position. I fully understand the hazards and potential risks associated with the indicated position I am applying for. To the best of my knowledge, there is nothing that would restrict my ability from performing the job-related functions. I further state that I understand the job-related functions as outlined, and that any questions I had concerning them were answered thoroughly and to my satisfaction prior to my signing this application.

Furthermore I, the undersigned \_\_\_\_\_for and in consideration of being extended the opportunity of undergoing physical agility testing (when required), for the purpose of establishing my suitability for the above position with the Kendall County Sheriff’s Office hereby do assume all risks of injury to my person arising out of or in any way incident to the above mentioned physical agility test; that each of the agility tests will be fully described and explained to me prior to my completing them. I understand, clearly, that it is of my own free will to participate in any agility test after it is explained to me of what I will be called to do, and with this knowledge I assume whatever risk such test or tests may entail to or accrue to my person; and that I, the undersigned, for the above mentioned consideration have covenanted and hereby do covenant never to sue or bring legal or equitable action in any court whatsoever against the Count of Kendall or any officer or employee of the Kendall County Sheriff’s Office for any such injury.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

**MUST BE SIGNED IN PRESENCE OF NOTARY FOR ALL CORRECTIONS/COMMUNICATION OFFICERS OR SHERIFF DEPUTY APPLICANTS:**

\_\_\_\_\_  
Street Address City State Zip

Subscribed and sworn before me this \_\_\_\_\_day of \_\_\_\_\_20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

Notary Seal or Stamp

A photocopy of this signed Applicant Statement can be/will be used as a release form and will be valid as an original hereof, even though the said photocopy does not contain an original of my signature. This release will be used to verify information stated in this application, required background checks for applicable positions, and or comments made during the interview process.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.  
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DO NOT WRITE ON THIS PAGE

FOR INTERVIEWER'S USE

INTERVIEWED BY

DATE

NEATNESS

CHARACTER

PERSONALITY

ABILITY

INTERVIEWED BY

DATE

NEATNESS

CHARACTER

PERSONALITY

ABILITY

INTERVIEWED BY

DATE

NEATNESS

CHARACTER

PERSONALITY

ABILITY

HIRED

FOR DEPT.

POSITION

SALARY  
WAGES

WILL REPORT

APPROVED: 1.

ELECTED OFFICIAL OR DEPARTMENT HEAD

DATE

APPROVED: 2.

DEPARTMENT MANAGER

DATE