

**APPLICATION FOR EMPLOYMENT**  
**ADAMS COUNTY HIGHWAY DEPARTMENT**

**Please read thoroughly before signing**

It is understood that this application is not an obligation of employment.  
This application will remain active for 180 days.  
Reapplication is necessary after that time period.

**CERTIFICATION**

**I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.**

**AUTHORIZATION**

I authorize and empower the County of Adams and the Adams County Sheriff's Office to obtain information concerning my current and former employment, all references, criminal history, education, general reputation, and personal characteristics through correspondence or personal interviews with individuals who may have knowledge concerning any of the above items.

**CONDITIONS OF EMPLOYMENT**

I will provide proof of my eligibility to work on the date of hire as required by "The Immigration Reform and Control Act of 1986".

I understand that employment with the County of Adams will be contingent on my submitting to a physical examination and satisfying the physical requirements for employment that is necessary for performance for the job. Due to the nature of the job that I am applying for, I agree to submit to drug and alcohol testing if requested to do so. All testing will be at the County's expense. I realize that an offer of employment is contingent upon my test results being substance-free and satisfactory information being received from physical testing professionals and reference sources.

I understand that my employment, unless covered by a collective bargaining agreement, is not governed by any written or oral contract and is considered an "at will" arrangement. I understand that I am free, as is the County, to terminate employment at any time for any reason or for just cause, so long as there is no violation of applicable Federal or State law or valid collective bargaining agreement.

I understand that if employed in a position governed by a collective bargaining agreement to which the County is a party that once I am covered by that agreement its terms may supersede some of the statements in this acknowledgement of understanding.

I also agree to sign and abide by a Confidentiality Agreement, if necessary and applicable to the position.

I understand that if I am employed, I must be free and remain free from any felony convictions. Convictions for lesser offenses will be reviewed on a case by case basis.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit Applications to:

County Engineer  
Adams County Highway Department  
P.O. Box 3797  
101 North 54<sup>th</sup> Street  
Quincy, IL. 62305-3797

<b><u>Date Received</u></b>
-----------------------------

**APPLICATION FOR EMPLOYMENT**

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

\_\_\_\_\_ List any other names, aliases you have used, or been known by (including maiden name, if applicable).

Address \_\_\_\_\_  
Street City, State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you legally entitled to work in the United States?  Yes  No

If hired, can you provide documentation of this eligibility?  Yes  No

Are you over the age of 16?  Yes  No

Type of work or position applied for: \_\_\_\_\_  Full Time  Part Time

Date Available to Begin Work \_\_\_\_\_

For Part-time Position: Days Available or From / To: \_\_\_\_\_ Hours Available: \_\_\_\_\_

Describe why you are qualified for the position (Please attach current resume) \_\_\_\_\_

Have you ever applied at or been employed by Adams County prior to this application?  Yes  No

If yes, when? \_\_\_\_\_

Do you currently have relatives employed by Adams County?  Yes  No

If yes, their name(s)/relationship(s): \_\_\_\_\_

Would you be engaged in any other work while employed by Adams County?  Yes  No

If yes, please explain: \_\_\_\_\_

**DRIVING HISTORY**

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Do you possess a valid Commercial Drivers License (CDL)?  Yes  No

Commercial Drivers License (CDL) endorsements?  Yes  No

If yes, list endorsements: \_\_\_\_\_

**EDUCATION**

List the various schools you have attended and other information requested.

School Name City and State	Dates		Diploma / Degree Certificate
	From	To	
High School:	N/A	N/A	
Business / Trade	N/A	N/A	
College / University	N/A	N/A	

List any professional licenses, registrations or certificates of continuing education you currently hold.

---



---



---

**MILITARY SERVICE**

Have you ever served or are currently serving in a branch of the U.S. military, U.S. Reserve or National Guard  Yes  No

If yes, name branch / location of posting: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_

**REFERENCES**

Fill in below the name of three adults not related to you, not former employers and not current employees, elected or appointed officials of the County of Adams, who have known you for a period of more than three years. Persons listed may be contacted by the County of Adams or Adams County Sheriff's Office and will be asked to appraise your character, trustworthiness, personality, and other qualities.

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street, City, State

Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street, City, State

Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street, City, State

Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all jobs you have held for the last ten years (Including temporary, regular and part-time). Put your current or most recent job first. Include military service, if applicable. Use extra paper if additional space is needed.

**MOST RECENT EMPLOYER**

Are you currently employed by this company?  Yes  No If yes, may we contact?  Yes  No

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State Zip Code

Supervisor's Name / Title \_\_\_\_\_ Phone \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EMPLOYER**

Are you currently employed by this company?  Yes  No If yes, may we contact?  Yes  No

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State Zip Code

Supervisor's Name / Title \_\_\_\_\_ Phone \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EMPLOYER**

Are you currently employed by this company?  Yes  No If yes, may we contact?  Yes  No

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State Zip Code

Supervisor's Name / Title \_\_\_\_\_ Phone \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_