



OFFICE OF THE SHERIFF OF COOK COUNTY

INTERNAL APPLICATION

Type or Print in black in all information requested
 The Cook County Sheriff's Office is an Equal Employment Opportunity Employer

SECTION A

Position Applied For/Job Title and Posting #		Date of Application			
Last Name		First Name		Middle Name	
Employee # or JDE #		Star #			
Current Position		Department		Location	
Current Supervisor					
Current Address		City / State		Zip Code	
Home Telephone ()			Work Telephone ()		
Cellular Telephone ()					
Do you have a valid driver's license?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
License No:	State of Issue	Expiration Date	State ID#:	State of Issue	Expiration Date
Are you available to work	<input type="checkbox"/> 1 st Watch <input type="checkbox"/> 2 nd Watch <input type="checkbox"/> 3 rd Watch				

SECTION B

EDUCATION

	Name and Address	Years Attended	Graduated	Course or Major/Minor
Elementary		From:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		To:		
High School		From:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If No, G.E.D. Completion Date
		To:		
College		From:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree / Major / Minor
		To:		If No, # of Credit Hours Completed
Post Graduate		From:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree / Major / Minor
		To:		If No, # of Credit Hours Completed
Other			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Describe specialized training, apprenticeships, internships, licenses, certifications, volunteer activities and language fluency				

SECTION C

SKILLS (check and describe all that apply)

<input type="checkbox"/> Typing – Approximate W.P.M.	<input type="checkbox"/> Computer Skills
<input type="checkbox"/> Software Applications	<input type="checkbox"/> Office Machines (identify type)
<input type="checkbox"/> Other Skills	

SECTION D**WORK HISTORY**

Please list your employment experience, starting with your present or last job and work backward to your first job.

Employer & Type of Business		Dates of Employment	
		From	To
Address (Street, City, Zip Code)		Telephone ()	
Title, Duties & Responsibilities			
Identify the number of hours worked per week			
Supervisor (Name, Title)		May we contact as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone ()
Pay Rate Starting: Final:		Reason for Leaving (Resignation, Lay-Off, Termination)	
Explain Reason for Leaving			

Employer & Type of Business		Dates of Employment	
		From	To
Address (Street, City, Zip Code)		Telephone ()	
Title, Duties & Responsibilities			
Identify the number of hours worked per week			
Supervisor (Name, Title)		May we contact as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone ()
Pay Rate Starting: Final:		Reason for Leaving (Resignation, Lay-Off, Termination)	
Explain Reason for Leaving			

Employer & Type of Business		Dates of Employment	
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Address (Street, City, Zip Code)		Telephone ()	
Title, Duties & Responsibilities			
Identify the number of hours worked per week			
Supervisor (Name, Title)		May we contact as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone ()
Pay Rate Starting: Final:		Reason for Leaving (Resignation, Lay-Off, Termination)	
Explain Reason for Leaving			

Employer & Type of Business		Dates of Employment	
		From	To
Address (Street, City, Zip Code)		Telephone ()	
Title, Duties & Responsibilities			
Identify the number of hours worked per week			
Supervisor (Name, Title)		May we contact as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone ()
Pay Rate Starting: Final:		Reason for Leaving (Resignation, Lay-Off, Termination)	
Explain Reason for Leaving			

SECTION E**MILITARY SERVICE****(a copy of your DD214 discharge form will be required)**

Are you a Military Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	Branch:
Dates of Service: From _____/_____/_____ To _____/_____/_____	
Nature of Discharge	
Are you in the Reserves or subject to recall?	
Describe any job-related training received in the United States Military:	

SECTION F**PROFESSIONAL REFERENCES****List only individuals whom you have worked with and can attest to your skills and abilities as a worker (excluding relatives).**

Name	Relationship: <input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor
Address	Phone Number
City	State Zip Code

Name	Relationship: <input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor
Address	Phone Number
City	State Zip Code

Name	Relationship: <input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor
Address	Phone Number
City	State Zip Code

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT:

The Cook County Sheriff's Office is an equal opportunity employer. The Sheriff's Office makes employment decisions without regard to political affiliation (for non-exempt positions), race, color, sex age, marital status, religion, national origin, medical condition, disability and other status protected under federal, state or local law.

UNLAWFUL POLITICAL DISCRIMINATION STATEMENT:

It is the policy of the Sheriff of Cook County to prohibit unlawful political discrimination. All Sheriff's Office employees are strictly prohibited from taking political reasons or factors into consideration regarding any employment action with respect to non-exempt employees or positions. It is the duty of all Sheriff's Office employees to report unlawful political discrimination. No individual who in good faith reports unlawful political discrimination shall be subject to retaliation.

I certify that I am aware of and will fully comply with the above policy. I certify, under penalty of perjury as provided for by law, that, to the best of my knowledge, no political reasons or factors were considered in any decision I made relating to this employment action. I understand that failure to comply with the above policy and/or failure to submit an accurate No Political Consideration Certification form may result in sanctions, including disciplinary action up to and including termination. Further, I do not know of or have any reason to believe that, anyone else considered or took action based on political reasons or factors with respect to this employment action.

I authorize any person, school, current employer, past employer(s) (except as previously noted), listed references, an organizations named in this application form (and accompanying resume, if any) to provide the Sheriff's Office with relevant information that may be useful in making an Employment Action decision, and I release such persons and organizations and the Cook County Sheriff's Office from any legal liability in requesting, making and receiving such statements. I certify that all information in this application, on my resume, and on any other documents I have submitted during the hiring process is true and complete. I understand that any false information, omissions, or misrepresentations made on this application, on my resume, or any other documents I have submitted during the Employment Action process may result in the denial of employment or dismissal if I am selected.

In consideration of my employment by the Cook County Sheriff's Office, I agree to conform to the Department rules and regulations and perform any work which may be considered necessary by this agency, and to take physical or other examinations when required and as permitted by law.

_____ **Date**

_____ **Print Name**

_____ **Date**

_____ **Signature**

If you have any questions or concerns with the respect to the Employment Action process, or need any assistance or accommodation to complete this employment application, as a result of a disability or medical condition, please contact the Cook County Sheriff's Personnel Office at (312) 603-4521.

If you believe unlawful factors have been taken into consideration, please contact the Office of Professional Review at (773)869-7545.