

**Pike County Sheriff's  
Department / E9-1-1**

*TO PROTECT AND SERVE*

204 East Adams Street  
Pittsfield, Illinois 62363  
217-285-5011

[Pikesherriff@pikecountysd.org](mailto:Pikesherriff@pikecountysd.org)

**Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Records Department.**

**APPLICATION  
FOR  
EMPLOYMENT**

PERSONAL INFORMATION

Name (Last, First, Middle): \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Can you prove your U.S. Citizenship? Circle one: Yes No

If not a U.S. Citizen, give Visa No. and Expiration Date: \_\_\_\_\_

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Position You Are Applying For \_\_\_\_\_

Title: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

EDUCATION RECORD

High School (Name, City, State): \_\_\_\_\_

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

Business or Technical School (Name, City, State): \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Undergraduate College (Name, City, State): \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

Graduate School (Name, City, State): \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree, Subject: \_\_\_\_\_

(please turn to next page)

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

2-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

3-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

(please turn to next page)

**BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)**

1-Name:

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Work Phone:

Home Phone:

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Address:

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City:

State:

Zip:

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Relationship to You:

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2-Name:

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Work Phone:

Home Phone:

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Address:

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City:

State:

Zip:

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Relationship to You:

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3-Name:

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Work Phone:

Home Phone:

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Address:

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City:

State:

Zip:

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Relationship to You:

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**PLEASE READ AND SIGN**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that if found false, incomplete or misrepresented in any respected, will be sufficient cause to(i) cancel further consideration of this application, or(ii) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, 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 job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other person, corporations or organizations for furnishing such information about me. I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

Signature:

Date:

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