



COOK COUNTY SHERIFF'S OFFICE

INTERNAL APPLICATION

TYPE OR PRINT IN BLACK

THE COOK COUNTY SHERIFF'S OFFICE IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

SECTION A – MEMBER INFORMATION

POSITION APPLIED FOR/JOB TITLE AND POSTING NUMBER:				DATE:	
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
JDE NUMBER:		STAR NUMBER:		GENDER:	
CURRENT POSITION:		DEPARTMENT:		LOCATION:	
HOME ADDRESS:					
HOME TELEPHONE NUMBER:		WORK TELEPHONE NUMBER:		CELLULAR TELEPHONE NUMBER:	
DO YOU HAVE A DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHAT SHIFTS ARE YOU AVAILABLE TO WORK? <input type="checkbox"/> FIRST WATCH <input type="checkbox"/> SECOND WATCH <input type="checkbox"/> THIRD WATCH		
DRIVERS LICENSE NUMBER:	STATE:	EXPIRATION DATE:	STATE IDENTIFICATION NUMBER:	STATE:	EXPIRATION DATE:

SECTION B – EDUCATION

LEVEL	NAME/ADDRESS OF SCHOOL	YEARS ATTENDED	GRADUTATED	COURSE STUDIED OR MAJOR/MINOR
HIGH SCHOOL		FROM/TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		FROM/TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
POSTGRADUATE		FROM/TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER		FROM/TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIPS, INTERNSHIPS, LICENSES, CERTIFICATIONS, VOLUNTEER ACTIVITIES AND LANUAGE FLUENCY:

SECTION C – SKILLS

TYPING: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROXIMATE WORDS PER MINUTE:	COMPUTER SKILLS: <input type="checkbox"/> YES <input type="checkbox"/> NO
SOFTWARE APPLICATIONS (DESCRIBE TYPES BELOW): <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE MACHINES (DESCRIBE TYPES BELOW): <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE OTHER APPLICABLE SKILLS, SOFTWARE APPLICATIONS AND OFFICE MACHINES:		

SECTION D – WORK HISTORY

EMPLOYER:	TYPE OF BUSINESS:	DATES OF EMPLOYMENT (FROM/TO):
BUSINESS ADDRESS:		TELEPHONE NUMBER:
TITLE, DUTIES AND RESPONSIBILITIES:		
REASON FOR LEAVING (RESIGNATION, TERMINATION, LAY-OFF):		
SUPERVISOR (NAME/TITLE):	MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER:
EXPLAIN REASON FOR LEAVING:		

EMPLOYER:	TYPE OF BUSINESS:	DATES OF EMPLOYMENT (FROM/TO):
BUSINESS ADDRESS:		TELEPHONE NUMBER:
TITLE, DUTIES AND RESPONSIBILITIES:		
REASON FOR LEAVING (RESIGNATION, TERMINATION, LAY-OFF):		
SUPERVISOR (NAME/TITLE):	MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER:
EXPLAIN REASON FOR LEAVING:		

EMPLOYER:	TYPE OF BUSINESS:	DATES OF EMPLOYMENT (FROM/TO):
BUSINESS ADDRESS:		TELEPHONE NUMBER:
TITLE, DUTIES AND RESPONSIBILITIES:		
REASON FOR LEAVING (RESIGNATION, TERMINATION, LAY-OFF):		
SUPERVISOR (NAME/TITLE):	MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER:
EXPLAIN REASON FOR LEAVING:		

EMPLOYER:	TYPE OF BUSINESS:	DATES OF EMPLOYMENT (FROM/TO):
BUSINESS ADDRESS:		TELEPHONE NUMBER:
TITLE, DUTIES AND RESPONSIBILITIES:		
REASON FOR LEAVING (RESIGNATION, TERMINATION, LAY-OFF):		
SUPERVISOR (NAME/TITLE):	MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER:
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):	ARE YOU IN THE RESERVE OR SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO
NATURE OF DISCHARGE:	
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	PHONE NUMBER:
HOME ADDRESS:		
NAME:	RELATIONSHIP: <input type="checkbox"/> CO-WORKER <input type="checkbox"/> SUPERVISOR	PHONE NUMBER:
HOME ADDRESS:		
NAME:	RELATIONSHIP: <input type="checkbox"/> CO-WORKER <input type="checkbox"/> SUPERVISOR	PHONE NUMBER:
HOME ADDRESS:		
NAME:	RELATIONSHIP: <input type="checkbox"/> CO-WORKER <input type="checkbox"/> SUPERVISOR	PHONE NUMBER:
HOME ADDRESS:		

SECTION G – CERTIFICATION

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.

NAME (PRINT):	SIGNATURE:	DATE:
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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 Sheriff's Office Department of Human Resources at (773) 674-8427.

If you believe unlawful factors have been taken into consideration, please contact the Office of Professional Review at (773)674-7580.