



Macon County Animal Control & Care Center

2820 Parkway Drive, Decatur, Illinois 62526

Ph: 217.425.4508 Fax: 217.425.4511



APPLICATION FOR EMPLOYMENT MACON COUNTY ANIMAL CONTROL

Please Print or Type

Date _____

Identifying Information

- Name _____
Last First Middle DOB
- Position Applied For _____
Full time _____
Part time _____
- Date you are available for employment _____
- Address _____
Street City State Zip Code
- Telephone Number _____
- Driver's License Number _____
State
- May we contact you at work? _____
Phone number
- Have you ever been bonded? _____
- Are you a U.S. Citizen? _____
- If not, what is your legal resident permit # _____

MCAC is an Equal Opportunity Employer and does not discriminate based on race, religion, sex, national origin, ancestry, citizenship status, age, marital status, physical or mental handicap or military service.



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U.S. Military Record:

11. What Branch _____

12. Are you a member of the Active Reserves? _____

13. Date entered military service _____

14. Date Discharged _____

15. Type of Discharge _____

16. Describe all military occupations: _____

17. List your highest rank achieved _____

List your final rank _____

Personal Background Information

18. Please list any other name you have used _____

19. Has your driver's license ever been suspended or revoked? _____

20. Please explain the suspension or revocation _____

21. List ALL traffic violations for which been fined, placed on court supervision/probation, or imprisoned:

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28. What is your typing speed in words per minute: _____

29. Are you proficient in the use of the following computer programs?

Word/WordPerfect: _____

Excel: _____

PowerPoint: _____

References

30. List at least **3** personal references other than relatives or significant others. Please list people you know well because we will contact them.

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____



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35. Have you been tardy to work in the past 12months? If so please explain why.

36. Are you currently in lay off status and subject to recall? _____

37. What means of transportation do you use to get to work? _____

38. Have you applied or worked for this organization in the past? _____

If yes, explain _____

Year

Position

Reason for leaving if employed

39. Are there any hours of the day you cannot work? _____

40. Do you have any relatives employed by this organization? If so, who:

I REPRESENT THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE OR FALSE INFORMATION FURNISHED BY ME MAY VOID THIS APPLICATION OR SUBJECT ME TO DISCHARGE AT ANY TIME AFTER EMPLOYMENT.

Signature

Date



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AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any authorized representative of the County of Macon bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, credit, educational records and criminal records including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records; medical records (associated to the ability to perform within a specific job assignment) and credit records. I hereby direct you to release such information upon request to the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the County of Macon. I hereby release you, as custodian of such records and any school, college, university, or other bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively; from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with this release. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Print)

Date: _____

Address: _____

Telephone: _____

Witness: _____
Representative of the County of Macon

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MACON COUNTY EXERCISES ITS RIGHTS AS AN EMPLOYER AT WILL IN COMPLIANCE WITH EMPLOYMENT LAW IN THE STATE OF ILLINOIS.

APPLICATION STATEMENT

I certify that all information I have provided in order to apply for and secure work with the Macon County is true, complete and correct.

I authorize any of the persons or employees or previous employees of the organizations referenced in this application packet to give you and any of them all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

In consideration of my possible employment with your organization, I agree to conform to the rules and regulations of the organization as set forth in the employee handbook and acknowledge that these rules and regulations may be changed, interpreted withdrawn or be added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I understand that the Macon 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 on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the Macon County reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Macon County is authorized to make any assurances to the contrary, and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Administrator.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

DO NOT SIGN UNLESS YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the forgoing Application Statement.

Signature of Applicant

Date

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