2ND 25TH JUDICIAL DISTRICT

THIS APPLICATION MUST BE FILLED OUT IN INK OR TYPED AND MUST BE COMPLETED PROPERLY TO BE CONSIDERED:

Position Applied For	I	Date of Application			
Last Name	First Name	Maiden Name	Middle Name		
Address	City	State	Zip Code		
Telephone Number		Social Security	Social Security Number		
Email address					
Have you ever filed an applicat			No		
If Yes, give date					
Are you presently employed ?		Yes	No		
May we contact your employer	?	Yes	No		
Are you prevented from lawfull country because of Visa or imm			No		
Date you will be available to sta	art				
Do you have a car available for	full-time use ?	Yes	No		
Can you travel if the job require	es it ?	Yes	No		
Name, address, and phone num contact you.	ber of person other than	your spouse who would	l normally know how to		
Show location where you can w Anywhere in the: City of	ork, giving reasons for y		ity of		

	Name & Address	Course	Years	Diploma
	Of School	Of Study	Completed	Degree
Elementary				
School				
High				
School				
School				
Undergraduate				
School				
Vocational or				
Business School				
Other (Specify)				

Other information related to your educational background which you consider important to the position for which you are applying:

Describe any specialized training, apprenticeship, skills and extracurricular activities:

Indicate any foreign languages you can speak, read or write.				
	FLUENT	GOOD	FAIR	
Speak				
Read				
Write				

Have you ever been fired or asked	to resign in the last	five year	s? Yes_	No
If so, give details and name and ac	ldress of company:			
Have you ever been convicted of a	any violation of law	other tha	n traffic offense	s ?
Yes No	If so, give detai	ils.		
Are there any charges pending aga	ainst you at this time	?	Yes	No
If so give details				
Have you engaged in sexual abuse facility, or other institution?	e in a prison, jail, loc Yes No	-	munity confine	ment facility, juvenile
Have you been convicted of engag facilitated by force, overt or implie unable to consent or refuse?		or coercio		
Have you been civilly or administ facilitated by force, overt or impli- unable to consent or refuse?		or coercio		
**A new employee of the ISF ha misconduct and any misconduct		mative du	ity to disclose a	any such previous
Indicate the types of work you wo	uld accept using " Y	'es ", " N	o ", or " Maybe ³	
perman full – ti day wo weeker	ime ork		par nig wo	nporary t – time ht work rk extra with compensation
Explain those blanks marked " No	o " or " Maybe ".		(tii	me given in lieu of payment)

Specialized Skills (Check Skills)		
Typewriter (Wpm)	Calculator	WordPerfect PC

EXPERIENCE - Start with your present or last job. Include any paid or unpaid, full or part – time, military service assignments, summer jobs, etc. **NOTE:** May we contact any previous supervisors to verify your description of past duties?

Employer		Address & Phone Number
Starting Calana	En din - Calana	Nous of Louis dista Companying
Starting Salary	Ending Salary	Name of Immediate Supervisor
Start Date:		
Reason For Leaving		Description of Duties
Date Left:		
Employer		Address & Phone Number
Starting Salary	Ending Salary	Name of Immediate Supervisor
S4 4 D 4		
Start Date:		
Reason For Leaving		Description of Duties
Date Left:		
Employer		Address & Phone Number
	E 1' 0 1	
Starting Salary	Ending Salary	Name of Immediate Supervisor
Start Date:		
Reason For Leaving		Description of Duties
Date Left:		
Employer		Address & Phone Number
Starting Salary	Ending Salary	Name of Immediate Supervisor
2 m m g 2 m m y	Linaning Salary	
Start Date:		
Reason For Leaving		Description of Duties
Date Left:		

Other Qualifications:

If you need additional space, please continue on the back.

Give the names and addresses of three persons for reference (Other than relatives) who know you personally

and who are willing to certify to your <u>character</u>, <u>ability</u>, and <u>experience</u>. Do not use the name of former employers.

Name	Address	Phone Number

Note to Applicant: DO NOT ANSWER UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such job or occupation is attached.

Yes _____ No _____

I certify that answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should notify us in writing.

I hereby understand and acknowledge that unless otherwise defined by applicable law any employment relationship with this organization is of an "at will" nature which means that the Employee my resign at any time and the Employer may discharge Employee at any time with or without cause. If is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY				
Date Received Application:				
Arranged Interview Yes	No	Date		
Employed Yes	No			
Names of People/Person Cond	ucting Interview			
NOTES:				