



**Montgomery County  
Circuit Clerk**

120 North Main, Room 125  
 Hillsboro, Illinois 62049  
 EMAIL: mccc@montgomeryco.com  
 PHONE: 217-532-9540 FAX: 217-532-2142

**Application for Employment**

Equal Opportunity Employer

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

**PERSONAL INFORMATION**

Name (last, first, middle) \_\_\_\_\_ Email Address: \_\_\_\_\_

Address (street, apt#, city, state, zip) \_\_\_\_\_

Telephone/Cell Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Are you 18 years of age or older? Yes / No      Are you authorized to work in the United States? Yes / No

U.S. Armed Forces Service? Yes / No      Duties: \_\_\_\_\_

Active Duty Period From: \_\_\_\_\_ To: \_\_\_\_\_ Branch (es): \_\_\_\_\_

Do you possess a valid Illinois driver's license? Yes / No      If yes, indicate Driver's License Number: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position(s) currently applying for: 1.) \_\_\_\_\_ Dept.: \_\_\_\_\_  
 2.) \_\_\_\_\_ Dept.: \_\_\_\_\_

What kind of work schedule are you available to work? Full-time Part-time Temporary On-call Seasonal

Shift: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you available to work weekends when required by the position you have applied for? Yes / No

Have you ever been employed with Montgomery County? Yes / No

If Yes: Dates: from \_\_\_\_\_ to \_\_\_\_\_ Dept.: \_\_\_\_\_ Name if different than above: \_\_\_\_\_

List any relatives currently employed within the Department which you are applying: \_\_\_\_\_

**EDUCATION**

High School (name, city, state): \_\_\_\_\_ Graduate: Yes /No or GED

College/Trade/Tech (name,city,state): \_\_\_\_\_ Graduate: Yes /No Course of Study: \_\_\_\_\_

College/Trade/Tech (name,city,state): \_\_\_\_\_ Graduate: Yes /No Course of Study: \_\_\_\_\_

Please list any skills, hobbies, training, etc. which you feel may be an asset (Example: business machines, volunteer work, additional languages, word processing, clerical, etc.): \_\_\_\_\_

Please list any license, registration, certificate, etc. which is related to the job you are applying for: \_\_\_\_\_

Have you ever had a license, registration, certificate, etc., related to the position you are applying for suspended, revoked, placed on probation or lapsed for any reason? Yes / No

If yes, please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give an accurate, complete full-time and part-time employment record. Start with present most recent employer and go back a minimum of ten (10) years. Do not omit any employment during that time. Add additional sheets if necessary. Answer each question completely. **“See Resume” is not acceptable.**

Name and address of Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_ Full-time / Part-time

May we contact the employer: Yes / No Supervisor’s Name and Title: \_\_\_\_\_

Reason for Leaving: Voluntary / Involuntary (please explain): \_\_\_\_\_

Name and address of Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_ Full-time / Part-time

May we contact the employer: Yes / No Supervisor’s Name and Title: \_\_\_\_\_

Reason for Leaving: Voluntary / Involuntary (please explain): \_\_\_\_\_

Name and address of Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_ Full-time / Part-time

May we contact the employer: Yes / No Supervisor’s Name and Title: \_\_\_\_\_

Reason for Leaving: Voluntary / Involuntary (please explain): \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CERTIFICATION**

I certify the answers/information given herein are true, complete and accurate. I understand that any omission or misrepresentation of information may be sufficient cause for rejection of this application or, if employment has commenced, grounds for immediate dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize any schools that I have attended, current and previous employers, and organizations named in this application to provide the Montgomery County Circuit Clerk with any information that may be requested to make an employment decision . I hereby specifically waive written notice from any and all former employers their disclosure to the Montgomery County Circuit Clerk of any information including disciplinary action. I understand that if I am offered employment, it is contingent upon satisfactorily passing a physical examination and/or drug test prior to placement in the position for which I have applied when such tests are required. I hereby release the Montgomery County Circuit Clerk and other agencies from any and all actions and claims that may be sustained by me from the release and use of the information. I understand and agree that in the absence of an express written agreement to the contrary executed by the employer, any employment I accept shall be for an indefinite term and shall be terminable at any time, with or without notice or cause, either by me or at the will and sole discretion of the employer. I have read or had read to me and understand the above statement.

**APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED FOR EMPLOYMENT.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THANK YOU FOR CONSIDERING THE MONTGOMERY COUNTY CIRCUIT CLERK AS A POTENTIAL EMPLOYER**

**APPLICATIONS ARE ONLY ACCEPTED FOR CURRENT JOB OPENINGS**