

## Joshua C. Hill Bond County Sheriff

403 South Second Street Greenville, Illinois 62246

Office Phone: (618) 664-2151 Jail Phone: (618) 664-0243



Position applied for:			Date:		
Name:					
(Last Name)	(First Name)	(Middle Name)	(Maiden Name)		
Address:					
(Street)	(City	) (State)	(Zip code)		
Telephone numbers:					
(Hom	e)	(Cell)			
Social Security #:					
Are you currently employed?	Yes:	No:			
If Yes, may we contact your pre	esent Employer? Yes: _		No:		
Are you on a Lay-Off and subject	ct to a recall? Yes:		No:		
Are you applying for a FULL or					
Please indicate your availability	v: Days:	Afternoons:	Nights:		
Have you ever been convicted	of a Felony? Yes:		No:		
If yes, what were the charges?					
If yes, what was the name of th	e arresting agency?				
If yes, what was the date of arr	est?				
Do you have a valid Illinois Driv	er's License? Yes:	N	D:		
Are you a citizen of the United	States? Yes:	No	o:		
Are you a veteran of the U.S. N	lilitary? Yes:	No	o:		
		Type of discharge?			
			to		

## **Record of Education**

Elementary School:
Address:
Attendance dates:
Did you graduate?
High School:
Address:
Attendance dates:
Did you graduate?
College or Trade School:
Address:
Attendance dates:
Did your graduate?
Other:
Address:
Attendance dates:
Did you graduate?
List any job related skills:
Additional comments:

## **Record of Employment**

Telephone number: Name of Supervisor:  Description of duties:  Reason for Leaving:  Position: Employed from: Street)  Telephone number: Name of Supervisor: Description of duties:  Reason for Leaving:  Telephone number: Name of Supervisor: Description of duties:  Reason for Leaving:  To:  Name of Employed from: To:  Name of Employed from: To: Name of Employed from: Street)  Telephone number:	Position:			
Name of Employer: Address:  (Street) (City) (State) (Zip code)  Telephone number: Name of Supervisor:  Description of duties:  Position: Employed from: Name of Employer: Address: (Street) (City) (State) (Zip code)  Telephone number: Name of Supervisor: Description of duties:  Position: Employed from: Street) (City) (State) (Zip code)  Telephone number: Name of Supervisor: Description of duties:  Reason for Leaving:  Fosition: Employed from: Name of Employer: Address: (Street) (City) (State) (Zip code)	Employed from:	To:		
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Employed from:	Reason for Leaving:			
Employed from:	Position:			
Name of Employer:  Address:  (Street) (City) (State) (Zip code)  Telephone number:  Name of Supervisor:  Description of duties:  Reason for Leaving:  Position:  Employed from:  Name of Employer:  Address:  (Street) (City) (State) (Zip code)				
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(Street) (City) (State) (Zip code) Telephone number: Name of Supervisor: Description of duties:  Reason for Leaving:  Position: Employed from: Name of Employer: Address: (Street) (City) (State) (Zip code) Telephone number:	Address:			-
Name of Supervisor:	(Street)		(State)	(Zip code)
Name of Supervisor:	Telephone number:			
Description of duties:	Name of Supervisor:			
Position:				
Employed from:	Reason for Leaving:			
Employed from:				
Name of Employer:	Position:			
Address:         (Street)         (City)         (State)         (Zip code)           Telephone number:				
(Street) (City) (State) (Zip code) Telephone number:				"
Telephone number:		lCity)	(State)	(7in code)
	·			(zip code)
Nama at Cunanticar				
Name of Supervisor:	Name of Supervisor:			
Description of duties:	Description of duties:			
Reason for Leaving:	Reason for Leaving:			

## Personal References

Name:	<u>e#1</u> 		
	(Last Name)	(First Name)	
_		e above listed reference?	
What is tl	ne nature of your as	ssociation? (i.e., neighbor, friend, co-worker etc.)	
Reference	<del></del>		<u> </u>
Name:	(Last Name)	(First Name)	
Address:	•	(riist Naine)	
How long	have you known th	e above listed reference?	
What is tl	ne nature of your as	ssociation? (i.e., neighbor, friend, co-worker etc.)	
Reference	e #3		
	(Last Name)	(First Name)	
How long	have you known th	e above listed reference?	
What is the	ne nature of your as	ssociation? (i.e., neighbor, friend, co-worker etc.)	
		Applicant's Statement	
investigat arriving a contract	tion of all statement t an employment de for employment. In	en herein are true and complete to the best of my knowle ts contained in this application for employment that may ecision. I understand that this application is not and is no the event of employment, I understand that false or misl terview(s) may result in immediate discharge.	be necessary in t intended to be a
Applicant	's signature:		
Applicant	s printed name:		
Date:			,