



**OFFICE OF THE SHERIFF OF COOK COUNTY
APPLICATION FOR EMPLOYMENT**

The Cook County Sheriff's Office is an Equal Employment Opportunity Employer

MEMBER INFORMATION

Type or print in black in all information requested

Position Applied For:		Date of Application:	
Last Name:	First Name:	Middle Initial:	
Present Address:	City/State:	Zip Code:	
Home #:	Cellular #:	Work #:	Social Security #:

Do you have a valid driver's license? Yes No

Driver's License #:	State of Issuance:	Expiration Date:	State ID #:	State of Issuance:	Expiration Date:
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Have you ever worked under a different name? Yes No

If yes, please provide the name:

EDUCATION

	Name and Address	# Years Completed	Graduated	Course or Major
Elementary		FROM/TO:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School		FROM/TO:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		FROM/TO:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Post-graduate		FROM/TO:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other		FROM/TO:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Describe any specialized training apprenticeships, skills, certifications, and language fluency:

MILITARY SERVICE (a copy of your discharge form will be required)

Are you a military Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch:	Dates of Service: From: To:
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Nature of Discharge:

Describe any job-related training received in the Military:



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PRIOR WORK HISTORY

Please list your employment experience (including self-employment and/or sole proprietorship), starting with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer:		Date of Employment:	
		From:	To:
Address (Street, City, Zip Code):		Telephone #:	
Title, Duties and Responsibilities:			
Supervisor (Name and Title):		May we contact as a reference?	Telephone #:
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Employer:		Date of Employment:	
		From:	To:
Address (Street, City, Zip Code):		Telephone #:	
Title, Duties and Responsibilities:			
Supervisor (Name and Title):		May we contact as a reference?	Telephone #:
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Employer:		Date of Employment:	
		From:	To:
Address (Street, City, Zip Code):		Telephone #:	
Title, Duties and Responsibilities:			
Supervisor (Name and Title):		May we contact as a reference?	Telephone #:
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			



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If hired, what date would you be available to work?	
Are you available to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/>	
Are you currently on "Lay Off" status and subject to recall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you travel if a job requires it?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever filed an application with us before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify dates of employment: From: To:	
Job Title:	Department:
Specific reason for leaving:	
Are you 18 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>
To work for the Sheriff's Office, you must present satisfactory proof of your identity and legal ability to work in the United States.	
Are you legally authorized to work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you now or in the future require sponsorship for employment visa status?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony or misdemeanor, except minor traffic offenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain, in detail, the facts relative to the conviction(s):	
The following information is requested in compliance with Federal Equal employment Opportunity Commission regulations and will be used for statistical purposes only.	
Date of birth:	
<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> Black (not of Hispanic origin)
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Native American / Alaskan Native
<input type="checkbox"/> Other _____	
Gender Identity:	
<input type="checkbox"/> MAN <input type="checkbox"/> WOMAN <input type="checkbox"/> TRANSGENDER WOMAN/TRANSFEMININE <input type="checkbox"/> TRANSGENDER MAN/TRANSMASCULINE	
<input type="checkbox"/> NONBINARY/GENDER NONCONFORMING <input type="checkbox"/> OPTION (FILL IN) _____ <input type="checkbox"/> DECLINE TO ANSWER	



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PROFESSIONAL REFERENCES

Please provide references who have knowledge regarding your skills and abilities as a worker (Excluding relatives)

Name:		Relationship:	
Address:		Telephone #:	
City:	State:	Zip Code:	

Name:		Relationship:	
Address:		Telephone #:	
City:	State:	Zip Code:	

Name:		Relationship:	
Address:		Telephone #:	
City:	State:	Zip Code:	

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.

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 a hiring decision, and I release such persons and organizations and the Sheriff Office from any legal liability in 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, if employed, any false information, omissions, or misrepresentations made on this application, on my resume, or any other documents I have submitted during the hiring process may result in the denial of employment or dismissal if I am hired.

In consideration of my employment by the 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.

Date: _____ Signature: _____

If you have any questions or concerns with the respect to the hiring 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 Bureau of Human Resources, at the following number: (773) 675-8172.
If you believe unlawful factors have been taken into consideration, please contact the Compliance Officer at (312) 603-2332.