



Please return completed application to Lee County Highway

David M. Anderson, P.E.,
County Engineer
1629 Lee Center Road, PO Box 193
Amboy, IL 61310
Phone: 815-857-4141
Fax: 815-857-4242
Email: busmang-lee@comcast.net

EMPLOYMENT APPLICATION

NAME FIRST MIDDLE INITIAL LAST MAIDEN

ADDRESS STREET CITY STATE ZIP

HOME PHONE

CELL PHONE

REFERRAL SOURCE Newspaper Ad County Website Job Posting Site Friend Other

Position(s) applying for? Date of Application

Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-Op

Date available to begin work

Describe why you are qualified for position:

Three horizontal lines for describing qualifications.

Current resume attached? Yes No

Are you over the age of 18? Yes No



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Are you legally entitled to work in the United States? \_\_\_ Yes \_\_\_ No

Have you applied at or been employed by Lee County before? \_\_\_ Yes \_\_\_ No

If yes, when? \_\_/\_\_/\_\_

Driver's License number required if driving may be required in the job for which you are applying

Number \_\_\_\_\_ State \_\_\_\_\_

HISTORY OF EMPLOYMENT

List your complete employment record (including temporary, regular, and part-time) in date order.
List the most recent first. Include military service if applicable.

\_\_\_\_\_

MOST RECENT EMPLOYER

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Contact Information \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

Address \_\_\_\_\_

Date Started \_\_/\_\_/\_\_ Date Ended \_\_/\_\_/\_\_

Primary Job
Duties \_\_\_\_\_

Reason for
Leaving \_\_\_\_\_

\_\_\_\_\_



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**EMPLOYER**

Company Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Contact Information \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

Address \_\_\_\_\_

Date Started \_\_\_/\_\_\_/\_\_\_ Date Ended \_\_\_/\_\_\_/\_\_\_

Primary Job  
 Duties \_\_\_\_\_

Reason for  
 Leaving \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

School Name/ Address	Years Completed	Diploma/Degree	GPA (optional)	Major
HIGH SCHOOL	N/A	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> GED <input type="checkbox"/> Other _____		
BUSINESS/TRADE		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> GED <input type="checkbox"/> Other _____		



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COLLEGE/UNIV.		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> GED <input type="checkbox"/> Other _____	
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**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses, and/or certifications that may assist you in performing the position for which you are applying:

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**REFERENCES**

List the name and telephone number of any business/work references who are not related to you and are not previous employers. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

**ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT**

**Please read thoroughly before signing**



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It is understood that this application is not an obligation of employment. This application will remain active for one year.

Reapplication is necessary after that time period.

I hereby authorize the County to investigate all references, former employment and background checks, and I release from liability those supplying such information. Upon offer of employment, I may be required to take a drug test and may also be required to demonstrate an ability to meet the physical requirements necessary to perform all job duties by passing a physical evaluation test. All testing will be at the County's expense. I realize that an offer of employment is contingent upon my test results being substance-free and satisfactory information being received from physical testing professionals and references sources.

I will provide proof of my eligibility to work on the date of hire as required by "The Immigration Reform and Control Act of 1986".

I understand that my employment, unless covered by a collective bargaining agreement, is not governed by any written or oral contract and is considered an "at will" arrangement. I understand that I am free, as is the County, to terminate employment at any time for any reason or for just cause, so long as there is no violation of applicable Federal or State law or valid collective bargaining agreement.

I understand that if employed in a position governed by a collective bargaining agreement to which the County is a party that once I am covered by that agreement its terms may supersede some of the statements in this acknowledgement of understanding.

**I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above conditions of employment.**

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Written Signature or Electronically Signed

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Date



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**DO NOT WRITE BELOW THIS LINE- FOR EMPLOYER USE ONLY**

Approved: Department Head

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	Signature	Date
Administrator		

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	Signature	Date
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Position \_\_\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_ Exempt/Rate \_\_\_\_\_ Non-Exempt/Rate \_\_\_\_\_

**Lee County is an Equal Employment Opportunity Employer**