



# COOK COUNTY BUREAU OF HUMAN RESOURCES EMPLOYMENT APPLICATION FORM

Type or Print in black ink all information requested on this application.  
Omission will result in disqualification of application.

**Job Title:** \_\_\_\_\_

**Posting #:** \_\_\_\_\_

## PERSONAL

1) SOCIAL SECURITY NUMBER _____		2) FILING DATE _____		
3) LAST NAME _____		4) FIRST _____		5) MI _____
6) PRESENT ADDRESS _____		7) CITY _____	7a) COUNTY _____	8) STATE _____
9) ZIP CODE _____				
10) HOME PHONE #: ( ) _____		CELL PHONE #: ( ) _____		
11) WORK PHONE #: ( ) _____				

The following information is requested in compliance with Federal Equal Employment Opportunity Commission regulations and will only be used for statistical purposes.

12) DATE OF BIRTH: _____ Month ____ Day ____ Year _____		13) SEX: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
14) RACE/ETHNIC IDENTIFICATION: _____			
<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> Black (not of Hispanic origin)	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native American/Alaskan Native		<input type="checkbox"/> Other	

15) ARE YOU A MILITARY VETERAN?  No  Yes    Branch: \_\_\_\_\_    Dates of Service: \_\_\_\_\_  
Nature of Discharge: \_\_\_\_\_  
(A copy of your discharge, Form DD214, will be required)

16) To fully participate in the selection process and in compliance with the Americans with Disabilities Act of 1990, Cook County is committed to ensure non-discrimination in employment of qualified individuals with disabilities. We invite you to volunteer information which will indicate if you need an accommodation to fully participate during the selection process such as a sign language interpreter to help with instructions because of a hearing disability \_\_\_\_\_; someone to read the examination to you because of a visual disability \_\_\_\_\_; mobility disability \_\_\_\_\_; other \_\_\_\_\_; please describe: \_\_\_\_\_

17) Have you ever been employed by Cook County?  No  Yes    Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title: \_\_\_\_\_    Department: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

18) As an adult, have you ever been convicted of an offense other than a minor traffic violation?  No  Yes Explain (attach additional page if needed):  
"You need not reveal any sealed or expunged convictions"  
Minor traffic convictions which did not result in a suspended driver's license or required a court appearance do not need to be disclosed.  
  
Convictions are evaluated for each position and are not necessarily disqualifying.

19) Driver's License No. \_\_\_\_\_ Class \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
19A) State ID No. \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

# EDUCATION/SKILLS

ARE YOU A HIGH SCHOOL GRADUATE)?  Yes  No

If you are not a high school graduate, do you have a G.E.D. Certificate ?  Yes  No

Name of High School: \_\_\_\_\_

G.E.D. Certificate No. \_\_\_\_\_

City/State: \_\_\_\_\_

What was the highest grade you completed? \_\_\_\_\_

Dates Attended: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

LIST ANY TRADE, COMMERCIAL OR SPECIAL PROGRAM YOU HAVE SUCCESSFULLY COMPLETED. INCLUDE TRAINING COURSES ATTENDED IN THE MILITARY SERVICE:

Name of School	City/State	Subject(s) Studied	Dates Attended From/To

COLLEGE: LIST BELOW EACH COLLEGE OR UNIVERSITY YOU HAVE ATTENDED. BE SURE TO RECORD DATES AND CREDIT RECEIVED. INDICATE CLEARLY IF SEMESTER OR QUARTER HOURS.

College/University	City/State	Dates Attended From/To	Number of Credit Hrs. Rec'vd/Type of Hrs	Major	Degree Rec'vd/ Date Rec'vd

POST GRADUATE STUDIES: LIST BELOW EACH UNIVERSITY AND PROFESSIONAL SCHOOL YOU HAVE ATTENDED. BE SURE TO RECORD DATES ATTENDED AND DEGREES RECEIVED.

University/Professional School	City/State	Dates Attended (from/to)	Field of Study	Degree Rec'vd/Date Rec'vd

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS: (If a license or certificate is required, it must be presented in person at the time of filing this application).

ARE YOU CURRENTLY:  Registered  Licensed  Certified ARE YOU ELIGIBLE FOR:  Registration  Licensure  Certification

IF LICENSED, REGISTERED OR CERTIFIED:

Type	State of Issue	Expiration Date (Month/Day/Year)	No.

LANGUAGE SKILLS OTHER THAN ENGLISH:

Language: \_\_\_\_\_

SPEAK  
 Fair  
 Good  
 Fluent

READ  
 Fair  
 Good  
 Fluent

WRITE  
 Fair  
 Good  
 Fluent

LIST ALL SPECIAL SKILLS: CHECK AND DESCRIBE ALL THAT APPLY.

Shorthand - Approximate W.P.M. \_\_\_\_\_

Typing - Approximate W.P.M. \_\_\_\_\_

Computer Skills, Describe: \_\_\_\_\_

LEVEL OF PROFICIENCY:  Excellent  
 Good  
 Average

Office Machines, Describe: \_\_\_\_\_

LEVEL OF PROFICIENCY:  Excellent  
 Good  
 Average

Other Skills, Describe: \_\_\_\_\_

LEVEL OF PROFICIENCY:  Excellent  
 Good  
 Average

# EMPLOYMENT HISTORY

Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought. Begin with your most recent (or present) employment and work backward to your first one. Applicants may be required to furnish satisfactory proof of experience claimed. If more space is needed, attach a separate sheet or resume.

① Firm Name: \_\_\_\_\_

Length of Employment: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Type of Business: \_\_\_\_\_

Total Time Employed: Years \_\_\_\_\_ Months \_\_\_\_\_

Firm Address: \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

② Firm Name: \_\_\_\_\_

Length of Employment: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Type of Business: \_\_\_\_\_

Total Time Employed: Years \_\_\_\_\_ Months \_\_\_\_\_

Firm Address: \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

③ Firm Name: \_\_\_\_\_

Length of Employment: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Type of Business: \_\_\_\_\_

Total Time Employed: Years \_\_\_\_\_ Months \_\_\_\_\_

Firm Address: \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

④ Firm Name: \_\_\_\_\_

Length of Employment: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Type of Business: \_\_\_\_\_

Total Time Employed: Years \_\_\_\_\_ Months \_\_\_\_\_

Firm Address: \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

I hereby authorize all of my previous employers and current employer (if applicable) and schools named in this application to furnish any details relevant to the verification of the information I have submitted. I hereby release all such persons/entities from any liability regarding the provision or use of such information. I understand that false statements in this application will be cause for its rejection, or for barring me from any selection process or for striking my name from the eligible list, or for my discharge after appointment.

I consent to any medical examination required by Cook County at any time to determine my ability to perform the duties of my job and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand that I may be required to satisfactorily complete a drug screening as a condition of employment.

I do solemnly swear (or affirm) that all answers given and statements made on this application are true and complete to the best of my knowledge and beliefs. I understand that this application is not and is not intended to be a contract of employment.

I further agree upon employment to furnish all documents qualifying my employability as Cook County may designate.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

All non-union employees who resided in Cook County on or before December 5, 2000 and all new employees hired into non-union positions after December 5, 2000, are required to follow the Cook County Personnel Residence Requirement Ordinance. Any new non-union employees shall have six (6) months from date of hire to establish actual residency with Cook County.

*NOTE : It is your responsibility to notify the Bureau of Human Resources in writing of any change of name, address or telephone number.*

**THIS APPLICATION AND ALL MATERIALS SUBMITTED WITH THE APPLICATION SHALL REMAIN THE PROPERTY OF THE COOK COUNTY BUREAU OF HUMAN RESOURCES.**

Please report any allegations of Shakman Judgment Decree or Plans of Compliance violations or inquiries regarding Shakman related policies to the Shakman Compliance Officer at (312) 603-4108

<b>FOR OFFICE USE ONLY. DO NOT WRITE BELOW:</b>	
<b>MEETS MINIMUM QUALIFICATIONS</b>	
<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved</b>	<b>Not Approved</b>
For Eligibility List	For Eligibility List
Comments _____	
1st _____	2nd _____
<i>date &amp; initials</i>	<i>date &amp; initials</i>
3rd _____	
<i>date &amp; initials</i>	
	Manager _____
	<i>date &amp; initials</i>

## IMPORTANT NOTICE

**TO: ALL EMPLOYEES OF COOK COUNTY, ILLINOIS (WITH RESPECT TO JOBS UNDER THE JURISDICTION OF THE PRESIDENT OF ITS BOARD OF COMMISSIONERS), AND THE FOREST PRESERVE DISTRICT OF COOK COUNTY, ILLINOIS, AND TO ALL APPLICANTS FOR THOSE JOBS**

A Judgment entered January 7, 1994, in the United States District Court for the Northern District of Illinois in the case of Michael L. Shakman et al. v. The Democratic Organization of Cook County, etc., No. 69 C 2145, prohibits "conditioning, basing or affecting the hiring" of governmental employees (except certain Exempt Positions) upon or because of any political reason or factor. A copy of the 1994 Judgment is attached. Please read it carefully and abide by all its provisions. Key points of the 1994 Judgment are summarized below. Prior Judgments, described below, prohibiting political firings or other job decisions for persons once hired, remain in effect.

### **Prohibited Activity**

The 1994 Judgment contains a permanent injunction which prohibits Cook County (with respect to jobs under the jurisdiction of the President of its Board of Commissioners, the Forest Preserve District of Cook County and the President of the County Board of Commissioners of the Board of the Forest Preserve District from conditioning, basing or affecting the hiring of any governmental employee (except certain Exempt Positions) upon any political reason or factor. **HIRING MUST NOT BE BASED UPON OR AFFECTED BY THE PROSPECTIVE EMPLOYEE'S POLITICAL AFFILIATION, POLITICAL SUPPORT OR ACTIVITY, POLITICAL FINANCIAL CONTRIBUTION, PROMISES OF SUCH POLITICAL SUPPORT, ACTIVITY OR FINANCIAL CONTRIBUTION.** Nor may hiring be based upon or affected by the prospective employee's political sponsorship or recommendation. The 1994 Judgment is binding not only on the County, the District and the President, but also their agents and employees and to all others who receive notice of the 1994 Judgment and who are in active concert or participation with the County, the District or the President. Jobs under the jurisdiction of the President are all County Jobs except those under the jurisdiction of other elected officials (such as the Sheriff, County Clerk etc.).

### **Violations**

**VIOLATIONS OF THE 1994 JUDGMENT MAY CONSTITUTE CONTEMPT OF COURT AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT.** The 1994 Judgment becomes effective upon its entry January 7, 1994. If you know of any violations of the 1994 Judgment or the Prior Judgments, you may report them to the County's or the District's Shakman Compliance Officer, or to the plaintiffs in the case, c/o Michael L. Shakman, 208 South LaSalle Street, Chicago, IL 60604.

### **Enforcement**

Any party or aggrieved employee or applicant for employment is entitled to bring complaints concerning any violations of the 1994 Judgment before this United States District Court. Any governmental employee or applicant seeking to bring an action for the violation of the 1994 Judgment or the Prior Judgments may be required to observe a 180-day statute of limitations, held applicable to actions in the case of Smith v. City of Chicago, 769 F.2d 408 (7<sup>th</sup> Cir. 1985).

### **Exempt Positions**

The 1994 Judgment permits a limited number of positions to be determined to be exempt from the 1994 Judgment and from the Prior Judgments in this case. A list of exemptions may be obtained from the County's and the District's personnel departments.

### **Notices of Job Openings**

The 1994 Judgment requires that notice be given as to the availability of governmental employment positions (other than Exempt Positions). For positions other than certain professional and technical positions (mainly relating to County hospitals and clinics), notice must be posted at each place where persons may apply for County jobs (under jurisdiction of the President) or for jobs with the District. A list of all available job opportunities is similarly to be posted. Copies of notices and the list are to be available upon request free of charge. The existence and availability of such list is to be publicized semi-annually in a newspaper help wanted section.

For specified teaching and professional jobs, the method of giving notice may be obtained from the County's personnel department. No person may be hired for a non-exempt position, except in emergency situations, unless proper notice of the job has been given.

### **Prior Judgments**

Previous consent Judgments entered in the case as to the President of the Board of Commissioners, among others, entered May 5, 1972, and as to the District, entered April 3, 1978, remain in effect. They prohibit discharging or otherwise affecting or basing any term or aspect of governmental employment with regard to a person once hired upon any political reason or factor, except for Exempt Positions.

**Ann Claire Williams  
Judge, United States District Court**



Name: \_\_\_\_\_

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

Select your affiliate of choice

- Stroger  Oak Forest  Provident
- Cermak (Corrections)  Ambulatory
- Cook County Dept of Public Health
- RMR CORE Center (Infectious Disease)

1. Please select your status choice, in the order of preference (1 being the most desired).  
 \_\_\_\_\_ Staff \_\_\_\_\_ In-House Registry \_\_\_\_\_ Part-time \_\_\_\_\_ Weekends In-house Only
2. Please select your shift choice, in the order of preference (1 being the most desired).  
 \_\_\_\_\_ Any Shift \_\_\_\_\_ Days \_\_\_\_\_ PMs \_\_\_\_\_ Nights
3. Please select your hours choice, in the order of preference (1 being the most desired).  
 \_\_\_\_\_ 8 hours \_\_\_\_\_ 12 hours \_\_\_\_\_ 8 or 12 hours
4. To facilitate your application process, select the positions that you are interested and meet minimum qualifications by indicating your unit choice. in the order of preference (1 being the highest). Additionally, mark the box(s), of your desired area(s) of specialty. \* All positions must have a State of Illinois license and must meet minimum requirements as posted.

\_\_\_\_\_ **Medical Surgical**  
 Adult  Pediatrics  Long Term-Care  Rehabilitation  Telemetry

\_\_\_\_\_ **OB/GYNE**  
 L & D  Post Partum  Ante-Partum  Gyne

\_\_\_\_\_ **Specialty**  
 Endo/Bronch  Dialysis  Pain Clinic  
 Infusion Center  Utilization Review  Radiology  
 Employee Health Service  Nursing Education  Nursing Quality Assurance  
 Nursing Informatics  Mental Health/Psychiatry  Inmate Care (Cermak)

\_\_\_\_\_ **Critical Care.**  
 Trauma  Burn ICU  Neuro ICU  
 CCU  MICU  ICU  
 Neonatal ICU  Pediatric ICU  Cath Lab

\_\_\_\_\_ **Emergency Department**  
 Adult ER  Pediatric ER

\_\_\_\_\_ **Perioperative**  
 Operating Room  Same Day Surgery  PACU

\_\_\_\_\_ **Ambulatory Community Health Network**  
 North Cluster  South Cluster  West Cluster  
 Specialty Care  Primary Care

\_\_\_\_\_ **Public Health**  
 Rolling Meadows (North District)  Maywood (West District)  Clinic Only  
 Markham (South District)  Bridgeview (Southwest District)  Case Management  
 Other \_\_\_\_\_

Applicant Signature: \_\_\_\_\_