



**KIMBERLY M. FOXX**  
STATE'S ATTORNEY

**OFFICE OF THE STATE'S ATTORNEY**  
COOK COUNTY, ILLINOIS

69 W. Washington, Suite 3200  
Chicago, Illinois 60602

Cook County State's Attorney's Office  
Bureau of Administrative Services  
Employment Application

**NOTE:** Please answer all questions fully and carefully in ink or electronically, and be sure to place your name and date on all additional sheets that you may have attached. Some questions may be answered by circling the answer which applies to you. Attach additional sheets in order to give complete and detailed information. **PLEASE PRINT CLEARLY AND LEGIBLY.**

The Cook County State's Attorney's Office is an equal opportunity employer. It is the policy of The Cook County State's Attorney's Office that applicants for employment are recruited, selected, and hired on the basis of individual merit and ability, with respect to position to be filled and potential for promotions or transfers which may be expected to develop. Applicants are recruited, selected, and hired without discrimination because of race, color, creed, religion, ancestry, national origin, age, sex (including gender identity, sexual orientation and pregnancy), genetic information, citizenship, military service, marital status, parental status and disability. Furthermore, personnel procedures and practices with regard to training, transfer, compensation, demotion, layoff or termination are to be administered with due regard to job performance, experience and qualification, but without discrimination because of race, color, religion, sex, national origin, disability, sexual orientation, pregnancy, marital or veteran/military status.

**SIGNATURE REQUIRED:** By signing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

Applicant signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Contact Information**

Name: \_\_\_\_\_  
First Middle (Maiden Name) Last

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Phone: \_\_\_\_\_  
Daytime Evening

Email Address: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Will you accept part-time employment, if available? Yes  No

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

Are you a United States citizen? Yes  No

If no, **DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES?** Yes  No

Please provide authority for employment, if any: \_\_\_\_\_

Have you previously applied, interviewed or worked in any capacity within the Cook County State's Attorney's Office or any other County entity?

Yes  No  If yes, please provide details and reason for leaving. Attach a separate sheet if necessary.

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The following information is optional and in no way affects your employment opportunities. This information complies with the U.S Equal Employment Opportunity Commission and will only be used for statistical purposes:

I identify with the following gender:  Female  Male  Gender Nonconforming

Racial or Ethnic Groups I identify with (please check all that apply):

- African American or Black
- American Indian, Native American or Alaska Native
- Asian Native
- Arab or Middle Eastern
- Hawaiian or Other Pacific Islander
- Hispanic or Latino/a/x 7
- White or Caucasian
- I prefer not to answer

**Pursuant to State law, background checks of all applicants will be conducted upon notification of an interview or prior to any offers of employment.**

**Driver's License Information**

Do you possess a valid driver's license? Yes  No  State \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever had your driving privileges suspended, revoked or canceled in any state?

Yes  No  If yes, list state and explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was your license reinstated? Yes  No

If yes, when was it reinstated? \_\_\_\_\_

**Education**

List the schools you have attended along with the other information required.												
	Name and Address of school			Type of degree Completed			Dates Attended			Graduation YES or NO		
High School												
Colleges or Universities												
Graduate School												
Are there any specialized courses you have taken that you believe should be considered in reviewing this application? Please explain below:												
List any foreign languages you speak and indicate your proficiency by placing an "X" in the appropriate space.												
Language	Reading			Speaking			Understanding			Writing		
	Exc	Good	Fair	Exc	Good	Fair	Exc	Good	Fair	Exc	Good	Fair

Please list below your training/experience in Information Technology (i.e., data processing, word processing, spreadsheet design or development, database development or management). Note any specific software application or programming languages in which you are proficient:

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Approximate Words Per Minute typed \_\_\_\_\_

### Finance

Have you ever been in or petitioned for bankruptcy? If yes explain.

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Have you ever been sued for alimony or spousal maintenance payments, child support or non-payment of debt? If yes explain.

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Are you legally obliged to pay child support? If yes, are you current with the payment? If no explain.

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Are you current with any student loans you may have? If no explain.

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### Employment History

**Failure to provide all of the REQUIRED information for each position (or job title) held may result in your application being disapproved.** List your last three previous employers (most recent first):

**INCLUDE THE FOLLOWING INFORMATION, IF APPLICABLE:**

1. College internships successfully completed,
2. Military experience including dates, listing each change in rank and title,
3. Related volunteer experience including dates and hours worked

Employer: \_\_\_\_\_  
Company: \_\_\_\_\_

Address of

Company Phone Number: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

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Job  
Duties: \_\_\_\_\_  
  
Reason for  
Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address of  
Company: \_\_\_\_\_  
  
Company Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
  
Dates of Employment: \_\_\_\_\_  
Position: \_\_\_\_\_  
  
Job  
Duties: \_\_\_\_\_  
  
Reason for  
Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address of  
Company: \_\_\_\_\_  
  
Company Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
  
Dates of Employment: \_\_\_\_\_  
Position: \_\_\_\_\_  
  
Job  
Duties: \_\_\_\_\_  
  
Reason for  
Leaving: \_\_\_\_\_

Have you ever been dismissed, asked to resign, or been suspended from any position you have held? If yes explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been rejected from a law enforcement position? If yes explain. Please also provide the agency name, and attach additional sheets if necessary.  
\_\_\_\_\_  
\_\_\_\_\_

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Have you ever failed to pass a probationary period for any position? If yes explain. Please also provide the name and contact information of the employer.

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Have you ever been ineligible for re-employment for a position? If yes explain. Please also provide the name and contact information of the employer.

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**References**

List the names of two individuals not related to you who have known you for a period of at least 5 years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

1. Name: Phone #:

Relationship:

2. Name: Phone#:

Relationship:

***The Cook County State's Attorney's Office reserves the right to administer any type of selection testing as needed to further assess an applicant's qualifications.***

***(Basic Skills Assessment and Typing Test may be administered)***



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PHONE (312) 603-1880  
FAX (312) 603-9693

## Release Form

Please carefully read the following before signing, as it contains terms and conditions that affect your application and potential employment.

- 1. VERIFICATION:** I verify that all information I have provided, both orally and in documentary form, in connection with my application for a position with the Cook County State's Attorney's Office is true and accurate. I understand that any false or misleading information I furnish in connection with my application for employment may cause my application to be rejected, any contingent offer of employment to be rescinded, or immediate termination if already employed, regardless of when discovered.
- 2. AUTHORIZATION and RELEASE:** I authorize the Cook County State's Attorney's Office to conduct a complete and thorough investigation of my qualifications for employment including a security check. I release any and all persons and parties connected with any investigation from any and all claims or damages arising from the furnishing of information. I further understand that my offer of employment and actual employment is contingent upon satisfactory results of such investigations. I further agree to provide my date of birth, Driver's License number (DL), and Social Security number for the sole purpose of conducting background checks.
- 3. EMPLOYMENT-AT-WILL:** I understand and agree that my employment is terminable at will. Both the State's Attorney's Office and I remain free to end our work relationship at any time and for any reason. Further, I understand that nothing in any policies, manuals or similar documents creates an expressed or implied contract of employment.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DL NUMBER/ISSUING STATE

\_\_\_\_\_  
DATE