



# CHRIS KACHIROUBAS

**Clerk of the 18th Judicial Circuit Court**

An Equal Opportunity Employer - An At-Will Employer

## Application for Employment

Please type or print in ink. Answer all items fully or indicate "N/A" if not applicable. Please attach additional sheets if more space is needed. The attachment of a resume is encouraged, but not required or accepted as a substitute for responses to any section of this application. This application will become inactive after 120 days. If you wish to be considered for employment after that time, you must complete a new employment application.

### PERSONAL INFORMATION

Name: Last First Middle

Present street address:

City: State: Zip Code:

Area codes and telephone numbers:

Home: ( ) Mobile: ( )

Email address:

Are you 18 years of age or older? \* YES  NO

Are you a citizen of the United States? \* YES  NO  (*Proof of citizenship will be required upon employment.*)

Are you a resident of the State of Illinois? \* YES  NO

Have you ever been convicted of a felony? \* YES  NO  (*If yes, give details:*) \_\_\_\_\_

### POSITION APPLIED FOR AND AVAILABILITY

Title of position desired:

Minimum acceptable annual salary: Available start date:

Preferred status:  Full-time (37.5 hours per week)  
 Part-time (at least 20 but less than 30 hours per week)  
 Seasonal/Temporary (less than 30 hours per week)

Working schedule you will accept (*check all that apply*):  Days  Nights  Holidays  
 Evenings  Weekends

How did you learn about the job opening? \_\_\_\_\_

Have you ever applied here before? YES  NO  If yes, when? \_\_\_\_\_

Have you ever worked for the DuPage County Circuit Court Clerk's Office? YES  NO

- \* 10 ILCS 5/7-10
- 10 ILCS 5/25-2
- 705 ILCS 105/9
- Constitution of the State of Illinois, Article III

## EMPLOYMENT HISTORY

Company name: \_\_\_\_\_

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

City: _____	State: _____	Zip code: _____	Area codes and telephone number: (        ) _____
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Name and title of immediate Supervisor: \_\_\_\_\_

Employment dates:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently working for this employer?    YES     NO     If yes, may we contact?    YES     NO

If no, please specify the reason for leaving: \_\_\_\_\_

Please list your job responsibilities in the box, below.

Company name: \_\_\_\_\_

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

City: _____	State: _____	Zip code: _____	Area codes and telephone number: (        ) _____
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Name and title of immediate Supervisor: \_\_\_\_\_

Employment dates:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently working for this employer?    YES     NO     If yes, may we contact?    YES     NO

If no, please specify the reason for leaving: \_\_\_\_\_

Please list your job responsibilities in the box, below.

Company name: \_\_\_\_\_

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

City: _____	State: _____	Zip code: _____	Area codes and telephone number: (        ) _____
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Name and title of immediate Supervisor: \_\_\_\_\_

Employment dates:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently working for this employer?    YES     NO     If yes, may we contact?    YES     NO

If no, please specify the reason for leaving: \_\_\_\_\_

Please list your job responsibilities in the box, below.

## EDUCATION

Name and Address of School	Course of Study	Years Completed	Degree
High School:			
Undergraduate College:			
Graduate/ Professional:			
Other (Specify):			

## SPECIALIZED SKILLS

Level of Proficiency *(please indicate by checking appropriate box)*

	Above Average	Average	Some	Little or no skill
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your level of proficiency in the listed types of computer software you have used on the job and/or you have had training. *(Please indicate by checking the appropriate box)*

Accounting Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any additional specialized training, apprenticeship or skills that are work-related:

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**REFERENCES**

Please list three persons, not related to you, who have definite knowledge of your work qualifications. Do not include names of supervisors previously listed.

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Full name	Present business or home address	Telephone number
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Full name	Present business or home address	Telephone number
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Full name	Present business or home address	Telephone number
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**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION**

I certify that the statements made by me in this application are correct, complete and true to the best of my knowledge and are made in good faith. I understand that any false statements made herein will void this application and can, if hired, result in termination of my employment.

I authorize the Office of the DuPage County Circuit Court Clerk, to which I am applying, to investigate all statements contained in this application. I further authorize that office to secure any information from all of my employers, references, and academic institutions which may be relevant to an employment decision. I hereby release all of those employers, references, and academic institutions and the Office of the DuPage County Circuit Court Clerk to which I am applying from any and all liability arising from the giving or receiving of such information.

I understand and agree that, if hired, my employment is for no definite period, and that I may be terminated, with or without a reason, at any time and without prior notice.

Signature of Applicant X

Date

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