

CITY OF CREST HILL
 1610 PLAINFIELD ROAD
 CREST HILL, IL 60435

(815) 741-5100

FAX # (815) 741-5109

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

NAME (As it appears on Social Security Card / Work Permit Card)		Last		First		M.I.	
SOCIAL SECURITY NUMBER							
ADDRESS							
CITY, STATE, ZIP							
HOME TELEPHONE		MESSAGE CONTACT					
		Name		Area Code		Number	
DAYTIME TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO					
OTHER NAMES YOU HAVE USED:							
POSITION APPLIED FOR:		SALARY REQUIREMENTS:		\$			
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:					
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? DEPARTMENT:							
SUPERVISOR:				REASON FOR LEAVING:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT		IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:			CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		
<input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Give location, date, charge and disposition of case(s) on a separate page		I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.# STATE			<input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ / MONTHLY / WEEKLY / HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ / MONTHLY / WEEKLY / HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

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EMPLOYER: _____ YOUR SUPERVISOR _____
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TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ / MONTHLY / WEEKLY / HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

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EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ / MONTHLY / WEEKLY / HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ / MONTHLY / WEEKLY / HOURLY OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service

From: _____ To: _____

Dates Served Type of Discharge

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software		
Word Processing		✓ Skilled	✓ Competent	✓ Familiar
Spreadsheet		✓ Skilled	✓ Competent	✓ Familiar
Database		✓ Skilled	✓ Competent	✓ Familiar
Other		✓ Skilled	✓ Competent	✓ Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

FAIR CREDIT REPORTING ACT Disclosure and Authorization Statement

To: All Applicants For Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consume reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name *(please print)*

Signature

Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

**CITY OF CREST HILL EMPLOYMENT APPLICATION
STATEMENT AND AGREEMENT.**

I hereby expressly authorize and consent to a full review and disclosure of all employment, education, criminal, or credit history information concerning myself, including any criminal conviction information, except that I am not obligated to disclose sealed or expunged records of convictions or arrest pursuant to section 12 of the Illinois Criminal Identification Act 20 ILCAS 2630/12. I understand that I must provide my date of birth to adequately complete said screening and understand that my date of birth will not affect any employment decisions. This information will be released to a duly authorized agent of The City of Crest Hill. I also understand that I may obtain a copy of the report(s) utilized for this purpose by indicating such on the line provided.

(Please sign the following line if you would like a copy of the report(s)).

_____.

I further understand that if the information obtained results in an adverse employment action that I will receive a copy of the report prior to the implementation of any adverse employment action. As such, I will have a reasonable opportunity to respond (five business days) to the reported information prior to the implementation of any adverse action.

Drug/Alcohol Test. I understand that the City of Crest Hill reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law.

Medical Examination. I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination or related tests to The City of Crest Hill. I understand that should I decline to sign this consent or decline to take any of the above-described tests, my application for employment may be rejected or my employment may be terminated.

Background Investigation. I understand that The City of Crest Hill's consideration of my application includes an investigation of the information I have provided on this application and other relevant information such as my driving record and criminal record, if any. I understand that any information obtained by a criminal history background investigation which is acquired as a result of this release authorization will be considered in determining my suitability for employment at The City of Crest Hill. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.

Credit History

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize The City of Crest Hill and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be

generated for the purpose of determining my eligibility for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative credit history consumer report may include, but is not limited to, the following areas: credit history, including past borrowing and repaying behavior, including paying bills on time and managing debt and other financial obligations. I understand that a Credit Background Check may be done on positions involving bonding or security per state or federal law, unsupervised access to more than \$2,500; signatory power over business assets of more than \$100; management and control of the business; access to personal, financial or confidential information, trade secrets, or state or national information as well as for positions the City of Crest Hill has required the use of an employee's or applicant's credit history. (Illinois Employee Credit Privacy Act, Public Act 096-1426). I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me. I also understand that I may obtain a copy of the consumer report generated as a result of this Authorization by making a request in writing for a copy of that report.

I hereby certify that all the information that I have provided on this application or any other document filled out in connection with my employment, and in any information that I have provided during any interview is true and correct. I have withheld nothing that would, if disclosed, effect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

I hereby authorize the City of Crest Hill, either on its own or by and through an agent, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, such as criminal convictions, and, further, authorize my present employer or any former employer or any other party, including any Government or law enforcement agency and the references I have listed, to disclose to the City of Crest Hill any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure, except those which would indicate age, race, creed, color, sex, sexual orientation, or national origin.

I hereby release the City of Crest Hill, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Records Review Act.

I understand that a photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature and/or is transmitted via e-mail or electronic communicative system.

I hereby acknowledge that I have read the above statements and agreements and understand the same.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND BY ALL OF THE ABOVE TERMS.

DATE

Signature of Applicant

Print Name _____
(First Middle Initial Last)

Social Security Number _____

Drivers License Number _____
Date of Birth _____ State of License _____