



Application For Employment

Applications are maintained on active status for a maximum of 12 months from the date signed.

What position are you applying for?

Are you applying for

- Temporary
- Part-Time
- Full-Time

Full Name of Applicant

Please list any other names that employers, references or schools may know you by.

Address

How long have you lived at this address?

If less than 5 years, please provide previous address

Phone Number

Other phone number

Best time to contact

Email Address

If under 18 years of age, can you provide proof of your eligibility to work?

| Does Not Apply

| Yes

| No

Do you have a valid Drivers License?

| Yes

| No

Please list Drivers License State and number

Do you have a valid CDL License?

| Yes

| No

Please list CDL Drivers License State and number

Are you a US citizen?

If hired, would you be able to provide proof of legal work authorization in the United States?

Yes

No

Yes

No

Have you ever filed an application with us before?

Yes

No

If yes, please give date.

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Are you currently on "lay-off" status and subject to recall?

Yes

No

What is your desired salary range?

Please list name and relationship of any relatives working for the city.

If hired, on what date will you be available for work?

Have you ever been convicted of a crime, excluding minor traffic offenses?

Yes

No

If yes, please describe

Education

Name of Elementary School

Address of Elementary School

What is the highest grade completed?

Did you graduate?

Yes

No

Degree

High School Name

High School Address

What is the highest grade completed?

Did you graduate?

Yes

No

Degree

College/University Name

College/University Address

What is the highest grade completed?

Did you graduate?

Yes

No

Degree or Major

Other Educational Training (Specify)

Address of other educational training

Did you graduate?

Yes

No

Degree or Major

Employment History

Starting with your present or last job, list present and past employment. Please explain any significant gaps in employment.

Name of Employer

Address of Employer

**Dates Employed
(From-To)**

Reason for Leaving

Duties and Responsibilities

Name of Employer

Address of Employer

**Dates Employed
(From-To)**

Reason for Leaving

Duties and Responsibilities

Name of Employer

Address of Employer

**Dates Employed
(From-To)**

Reason for Leaving

Duties and Responsibilities

If you need additional space, please continue on a separate sheet of paper.

Military Service Record

Have you ever been a member of the Armed Services of the United States of America?

Yes

No

If yes, what branch of service?

What was your rank?

Please describe any job-related training received in the United States Military

Other Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

Are there any other experiences, skills or qualifications which you feel would especially aid you in performing the work for which you applied?

List any specialized skills you have. (For example: typing WPM, computer software, tools and/or heavy equipment used, etc.)

Personal References

Please do not list former employers or relatives.

Name

Address

Phone Number

Occupation

Name

Address

Phone Number

Occupation

Name

Address

Phone Number

Occupation

DO NOT ANSWER UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS FOR THE APPLIED POSITION: Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities in the job or occupation for which you have applied?

Yes

No

Applicant's Statement

The information provided in this Employment Application is accurate and complete. If employed, I am aware that providing false or misleading details during the application or interview process may lead to termination. I give consent to investigate all statements within this Employment Application by any investigative agency. I authorize the individuals and past employers listed to disclose any relevant information about my previous work and any personal details, releasing them from any liability for providing this information. I understand I may be required to undergo a medical exam, including a drug test, as a condition of employment. I acknowledge that, unless otherwise stated by applicable law, any employment with the City of Mt. Vernon, Illinois is considered "at-will", meaning the employee or City can terminate the employment relationship at any time, with or without cause.

Signature and Date *



Criminal History and Background Check

Authorization and Release

The City of Mt. Vernon, Illinois may contact your employer(s), check references and obtain your prior employment records. The City may also run a criminal history for employment purposes.

The undersigned hereby acknowledges and understands that the City of Mt. Vernon may procure information regarding my past employment from my former employers and references, including, but not limited to employment records, employment history and employment information, including personnel files. I also understand and acknowledge that the City may obtain a criminal history and criminal background check on me. In connection with my application for employment with the City of Mt. Vernon, Illinois, I authorize the city to contact my prior employers and my references, and I also authorize the city to conduct a criminal background check. I understand that, upon written request within a reasonable period, I am entitled to additional information concerning the nature and scope of this pre-employment screening. I hereby release the City of Mt. Vernon, its officers, agents, employees, and servants from any liability arising from its communications with my former employers and references and arising from its procurement of a criminal background check.

The undersigned hereby authorizes the City of Mt. Vernon to request and obtain any or all of the information described to be used for employment purposes.

As a condition of employment with the City of Mt. Vernon, candidates may be required to submit to fingerprinting if requested. The undersigned hereby gives permission to the City of Mt. Vernon to obtain my fingerprints and use my fingerprints to procure a criminal history and background check. I agree to provide my fingerprints upon request.

The authorization for the release of information includes but is not limited to matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, and law enforcement agencies to release such information without restriction or qualifications to the City of Mt. Vernon, and any of their officers, agents, employees and servants I voluntarily waive all recourse and release them from liability from complying with this authorization.

The undersigned hereby releases the City of Mt. Vernon and any person who provides the foregoing information to the City of Mt. Vernon from any liability and damage of whatsoever nature or type because of furnishing the information described above.

Job applicants are not obligated to disclose sealed or expunged records of conviction or arrests (IL Public Act 093- 0211). Any omission or untrue statements not in accordance with IL Public Act 093-0211 will be grounds for rejection or termination.

I authorize that a photocopy of this release will be considered as valid as the original.

Please sign and date

Drivers License Number

Social Security Number

Post Offer Pre Employment Drug Testing Consent Form

As a condition for employment, I understand that post-offer candidates for safety-sensitive positions must agree to submit to a drug test. If the test results are positive, the offer of employment may be revoked by the City of Mt. Vernon. I understand that I may be asked to submit blood or urine for testing. I understand that I do not have to provide such a specimen if I choose not to do so, but that my refusal will result in revocation of any conditional offer of employment. The City of Mt. Vernon will pay the cost of the post-offer/pre-employment drug test. Any additional treatment or cost relating to the results of the testing is the candidate's responsibility.

The City of Mt. Vernon will main the results of the post-offer/pre-employment drug test. Negative and positive results will be peported to the Director of Human Resources.

I understand the above conditions and hereby agree to comply with them. I hereby give full consent to undergo a drug test as a condition of employment with the City of Mt. Vernon. I hereby give consent to and authorize any physician or third-party testing service chosen by the City to take a specimen from me and perform testing on that specimen in any manner that he/she/it deems appropriate. I hereby give full consent and authorize any physician or third-party testing service chosen by the City to release the results of the testing to the City's Director of Human Resources. I understand that the physician or third-party testing service chosen by the City may require additional authorization or consent from me prior to performing any test or prior to releasing the results to the City.

Name

Phone Number

Address

Signature and Date

Witness Signature and Date

Applicants Under Age 18 - Please Complete

I understand the conditions of the Post Offer Pre-Employment Drug Testing Consent Form and authorize the City of Mt. Vernon to conduct a pre-employment drug/alcohol test on my minor child or dependent.

Name of Parent or Guardian

Phone Number

Address

Parent or Guardian Signature and Date

Witness Signature and Date