



City of Mt. Vernon, Illinois
 An Equal Opportunity Employer
 1100 Main Street, PO Box 1708
 Mt. Vernon, IL 62864
 618-242-6810 (Phone)
 618-244-5593 (Fax)

APPLICATION FOR SUMMER EMPLOYMENT

To the applicant: *The City of Mt. Vernon is pleased that you are interested in submitting an application for employment. Please complete all questions, sections, and attachments of the application and return completed application to the Director of Human Resources. A completed application is maintained on active status for a maximum of twelve (12) months from date signed. Any address changes must be forwarded to the HR Department to maintain eligibility for employment.*

The City of Mt. Vernon considers applicants for all positions without regard to race, religion, gender, national origin, age, disability, marital status, or veteran status, or any other legally protected status.

FALSE OR MISLEADING INFORMATION IS CAUSE FOR THE APPLICATION TO BE REJECTED.

PLEASE PRINT OR TYPE
 POSITION APPLYING FOR: _____ Date: _____
 Part-Time

Personal Information

Name: _____
 Last First Middle

Present Address: _____
 Street Address City County State Zip
 (Residency within the limits of Jefferson County is required of City Employees)

Cell phone: _____ Other Name & Phone for Contact Purposes: _____
 E-Mail Address: _____ Best time to contact: _____

If you are under 18 years of age, can you provide proof of your eligibility to work? YES NO NA
 Do you have a valid Drivers License? YES NO If so, list number and State: _____
 Are you a citizen of the United States? YES NO

If hired, would you be able to provide proof of legal work authorization in the United States? YES NO

List any relatives working for the City: _____
 (City policy prohibits nepotism in certain circumstances) Name and Relationship

Date will you be available for work? _____
 Have you ever been convicted of a crime, excluding minor traffic offenses? YES NO
 If yes, describe: _____

(A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

Education

SCHOOL	NAME & ADDRESS	CIRCLE HIGHEST GRADE COMPLETED	DID YOU GRADUATE?	DEGREE/MAJOR
Elementary		1 2 3 4 5 6 7 8	YES NO	
High School		9 10 11 12	YES NO	
College/University		13 14 15 16	YES NO	
Graduate/Professional			YES NO	
Other				

Employment History

List below present and past employment. Start with your present or last job.

Employer	Date Employed (Month/Year)	Reason for Leaving	Wages	Duties & Responsibilities
1. Name	From		Starting	
Address				
	To		Final	
Phone #				
Supervisor				
2. Name	From		Starting	
Address				
	To		Final	
Phone #				
Supervisor				

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

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 have applied? _____

Personal References (Not former employers or relatives)

Name	Address	Phone #	Occupation
1.			
2.			
3.			

Applicant's Statement

The facts set forth in this Application for Employment are true and complete. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge.

I authorize investigation of all statements contained in this Application for Employment as may be necessary through any investigative bureau. I authorize the references and previous employers listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information. I understand that I may be subject to a medical examination including a drug screen as a condition of employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Mt. Vernon, Illinois is of an "at will" nature, which means that the employee may resign at any time and the City may discharge the employee at any time with or without cause.

This Application for Employment shall be considered *active* for twelve (12) months from the date signed.

Signature of Applicant

Date

HUMAN RESOURCE DEPARTMENT

Cheryl Conner
Director of Human Resources



CITY OF MT. VERNON
1100 MAIN P.O. BOX 1708
MT. VERNON, ILLINOIS 62864

(618) 242-6810
FAX (618) 242-5593

CRIMINAL HISTORY AND BACKGROUND CHECK

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 background check for employment purposes.

Authorization and Release

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 to 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.

This authorization for 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.

Date: _____

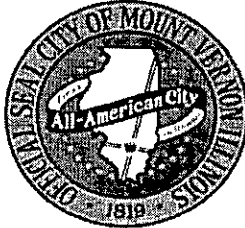
Signature

Drivers License Number

Social Security Number

HUMAN RESOURCE DEPARTMENT

Cheryl Conner
Director of Human Resources



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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 maintain the results of the post-offer/pre-employment drug test. Negative and positive results will be reported 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.

Print Applicant's Name

Telephone Number

Address

City, State, Zip

Applicant's Signature: _____ Date _____

Witness Signature: _____ Date _____

Applicants Under Age 18 -- Please Complete, additionally

I understand the above conditions and authorize the City of Mt. Vernon to conduct a pre-employment drug/alcohol test on my minor child or dependent.

Print Name of Parent or Guardian

Telephone Number

Address

City, State, Zip

Parent or Guardian Signature: _____ Date _____

Witness Signature: _____ Date _____

Under 16?

How to Obtain an Employment Certificate

To obtain an Employment Certificate, go to:

Regional Superintendent of Schools – Telephone # 244-8040
1714 Broadway
Mt. Vernon, Illinois 62864

Call first

Items needed for obtaining an Employment Certificate from the County Superintendent of Schools:

- Letter showing hours of work
- Job description
- Birth Certificate
- Social Security Card
- Parent or Legal Guardian

Aquatic Zoo Work Permits

Deb Lehde <dlehde@roe13.org>

Wed 4/3/2019 2:38 PM

To: Connie Webb <connie.webb@mtvernon.com>;

Good afternoon! We're starting to get future Aquatic Zoo employees coming in for work permits.

Many do not have the proper paperwork for us to process.

Please direct them to our website <https://roe13.org/>

Look under Program & Services--then Services--then Work Permits

Here are a few highlights:

The parent or guardian along with the student MUST come together to our office to get the work permit, per the Child Labor Law.

To ensure we can give each person who comes to our office our best customer service, please call our office at (618) 244-8040 and ask for Deb or Susan to schedule an appointment. Our last appointment is at 3:30 p.m.

The student will need:

- *The Application for Issuance of Employment Certificate form with their personal information, their parent or guardian's statement and the employer's statement of intent to employ.

- *Their original Social Security Card.

- *Evidence of Age--a certified official birth certificate or passport

- *A Principal's Statement (link on website)

- *A Physician's Statement (link on website) (Student physicals within the last year will be accepted.)

Please let me know if I can help in any other way.

Deb Lehde

Deb Lehde
McKinney Vento Services Director
Fingerprint Technician

HUMAN RESOURCE DEPARTMENT
Sascha Traxler
Director of Human Resources



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riley.dressler@mtvernon.com
sascha.traxler@mtvernon.com

City of Mt. Vernon, Illinois
Website Photograph Consent Form

The City of Mt. Vernon maintains an official website (mtvernon.com). From time to time the City may post photographs on this website.

I, hereby, give full consent and authorization to City of Mt. Vernon, Illinois to post my photographs on the City's official website (mtvernon.com). I, hereby, release the City of Mt. Vernon Illinois, its employees, agents, directors, and any related entities from any and all claims that I may have arising out of my photograph being posted on the City's official website (mtvernon.com). I understand that this consent will remain in effect until it is revoked in writing.

Name

Telephone Number

Address

City, State, Zip

Signature

Date

Individuals Under Age 18 Must Complete!

I, parent or guardian of the individual listed below, hereby, give full consent and authorization to City of Mt. Vernon, Illinois to post photographs of my minor child or dependent on the City's official website (mtvernon.com).

I, hereby, release the City of Mt. Vernon Illinois, its employees, agents, directors, and any related entities from any and all claims that I may have arising out of photographs being posted on the City's official website (mtvernon.com). I understand that this consent will remain in effect until it is revoked in writing.

Name of Individual under Age 18

Print Name of Parent or Guardian

Telephone Number

Address

City, State, Zip

Parent or Guardian Signature:

Date