APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources. Any job offered is conditional upon your ability to establish employment eligibility under the Immigration Reform & Control Act of 1986 and/or successfully complete any applicable background check(s), pre-employment physical or drug screen that may be required.

Position(s) applied for: _____ Date of Application _____

How did you hear about this opportunity? _____

APPLICANT INFORMATION:

Name: _____

LAST FIRST MIDDLE

ADDRESS LINE 1: _____

_____

CITY STATE ZIP CODE

Telephone # _____ Mobile/ other Phone # _____

If necessary, best time to call: _____

Are you under the age of 18? ☐ Yes ☐ No

If you are under 18 and it is required, can you furnish a work permit? ☐ Yes ☐ No

If no, please explain: _____

Have you submitted an application here before? ☐ Yes ☐ No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give date(s) and position(s) _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require sponsorship for employment-based visa status? ☐ Yes ☐ No

Date available for work: _____ What is your desired salary range? $_____

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational/Co-Op

Will you relocate if job requires it*? ☐ Yes ☐ No Will you travel if job requires it? ☐ Yes ☐ No

***Position may have specific residency requirement. Please refer to the job description for specific information. ***

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No If no, please explain: _____

_____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond.

Do you have a valid CDL? ☐ Yes ☐ No

Driver's license number if driving is an essential job function: _____ State: _____

WORK EXPERIENCE

Please detail your **entire** work history. Begin with your **current** or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Include full-time military or volunteer commitments. *If you have submitted a resume, please attach, and move to Section 2.*

Work Experience - Section 1

DATES EMPLOYED (MOST RECENT POSITION) FROM: _____ TO _____	☐ FULL TIME ☐ PART-TIME IF PART-TIME, # HRS./WK:	TITLE:
	ORGANIZATION NAME AND ADDRESS:	
SUPERVISOR'S NAME, TITLE AND PHONE #:	OTHER REFERENCE NAME, TITLE AND PHONE #:	CONTACT MY CURRENT REFERENCES: ☐ AT ANY TIME ☐ ONLY IF I AM A FINALIST CANDIDATE

PRIMARY DUTIES:	REASON FOR LEAVING:

DATES EMPLOYED (MOST RECENT POSITION) FROM: _____ TO _____	☐ FULL TIME ☐ PART-TIME IF PART-TIME, # HRS./WK:	TITLE:
	ORGANIZATION NAME AND ADDRESS:	
SUPERVISOR'S NAME, TITLE AND PHONE #:	OTHER REFERENCE NAME, TITLE AND PHONE #:	CONTACT MY CURRENT REFERENCES: ☐ AT ANY TIME ☐ ONLY IF I AM A FINALIST CANDIDATE
PRIMARY DUTIES:		REASON FOR LEAVING:

DATES EMPLOYED (MOST RECENT POSITION) FROM: _____ TO _____	☐ FULL TIME ☐ PART-TIME IF PART-TIME, # HRS./WK:	TITLE:
	ORGANIZATION NAME AND ADDRESS:	
SUPERVISOR'S NAME, TITLE AND PHONE #:	OTHER REFERENCE NAME, TITLE AND PHONE #:	CONTACT MY CURRENT REFERENCES: ☐ AT ANY TIME ☐ ONLY IF I AM A FINALIST CANDIDATE

PRIMARY DUTIES:	REASON FOR LEAVING:

Work Experience – Section 2

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? [ ] Yes [ ] No

If yes, please explain:

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying including any professional, trade, business or civic associations and any offices held. **Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard, union status, or any other similarly protected status.**

EDUCATIONAL BACKGROUND (IF JOB RELATED)

List the last three (3) schools attended, starting with most recent. List number of years completed. Indicate degree or diploma earned, if any. Grade Point Average or Class Rank. Major field of study. Minor field of study (if applicable).

School	No. of Yrs.	Degree/Diploma	GPA/Class Rank	Major field of study	Minor field of study

REFERENCES

List name and telephone number of three business/work references who are NOT related to you. If not applicable, list three school or personal references who are NOT related to you.

Name	Relationship	Phone number

List any additional information you would like us to consider.

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided to me that is found to be false, incomplete or misrepresented in any respect, will be sufficient justification to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me to the extent permitted by applicable law.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and approved by the City Council.

I also understand that if I am hired, I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

The City of East Peoria does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment based on his or her sex, race, color, religion, national origin, citizenship, age, disability or any other protected status under applicable federal, state or local law. The City of East Peoria likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials and any other words or conduct that demean, stigmatize, intimidate or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, co-worker, subordinate or non-employee (such as a vendor or customer). The City of East Peoria takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

_____ _____

Signature of Applicant Date

AUTHORIZATION AND WAIVER

As part of this employment application, the undersigned applicant authorizes the employer with whom the employment relationship is sought, or any agent of the employer, to request from any previous employer the disclosure of personnel information related to such past employment, including any disciplinary report(s), written reprimand(s) or other disciplinary action imposed by the previous employer. The undersigned further authorizes any previous employer and its agents to release and disclose to the employer and its agents any personnel information related to past employment, including any disciplinary report, written reprimand or other disciplinary action imposed by the previous employer, and absolves and releases the employer and its agents and any previous employer and its agents, from any liability, claim or cause of action which might arise as a result of the release and disclosure of such information. In addition, the undersigned applicant **SPECIFICALLY AND KNOWINGLY WAIVES** all rights under Section 7 of the Illinois Review of Personnel Records Act to written notice from any previous employer that personnel information, including any disciplinary reports, written reprimand or other disciplinary action, is being or has been divulged to the employer or its agents.

Dated this _____ day of _____, 20____ _____

Signature of Applicant

AUTHORIZATION TO TAKE SPECIMEN FOR DRUG SCREENING AND RELEASE

1. I understand that the City of East Peoria has a policy requiring each applicant for employment to be tested for the use or presence of drugs, intoxicants and other controlled substances.

2. I authorize the City of East Peoria and/or any contractor it selects to take from me any required specimen, which will be tested for the use or presence of various drugs within my bodily system, including but not limited to, cannabinoids (marijuana), cocaine, benzodiazepines, opiates, phencyclidine (PCP), amphetamines, barbiturates, methadone and methaqualone.

3. I understand that the specimen will be tested to determine the presence of these drugs using a chain-of-custody procedure to ensure integrity of the specimen and its identification. In other words, this procedure may include a viewed specimen collection to ensure the specimen provided is authentic and unadulterated.

4. I understand that the results of this testing will be reviewed in accordance with the City of East Peoria's Substance Abuse Policy (Section 2.6 of the Personnel Policy Manual) and applicable law, and that the City may terminate the application process or withdraw any employment offer if the results indicate the presence of illegal or improperly used prescription drugs in my system, a positive cannabis test as defined by policy, or if there is any question regarding the authenticity or integrity of the specimen. I further understand that this authorization does not make any offer of employment or employment on any specific terms or conditions of employment with the City of East Peoria.

5. I understand that should I be hired by the City of East Peoria, I may be subject to future substance testing, consistent with policy of the city concerning such testing.

6. I understand that should my drug screening be returned "diluted", I will be held liable for paying for the second screening to be considered for employment.

7. I hereby release the City of East Peoria and its affiliates, agents and employees from all liability or responsibility related to test administration or processing or any act or omission arising there from.

APPLICANT NAME (PRINT) _____

APPLICANT SIGNATURE _____ DATE _____

SOCIAL SECURITY NUMBER _____

WITNESSED BY (PRINT) _____

WITNESS SIGNATURE _____ DATE _____