

CITY OF ZION EMPLOYMENT APPLICATION

2828 Sheridan Road Zion, IL 60099 (847) 746-4000

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, sexual orientation, or any other legally protected status.

POSITION						
POSITION APPLIED FOR			Wh	at is your des	ired salary?	,
	RT-TIME	□ SHIFT WOR	K	□ TEMPOR.	ARY	
HOW DID YOU LEARN ABOUT US						
□ ADVERTISEMENT□ EMPLOYMENT AGENCY	□ FRIEND □ RELATIVE		WALK-IN OTHER			
GENERAL						
NAME (LAST)		(FIRST)			(MIDDLE)	
PRESENT ADDRESS (STREET,	CITY, STATE, ZII	P CODE)				
TELEPHONE NUMBER(s)				SOCIAL SEC	CURITY NUM	MBER
Have you ever filed an application If Yes, give date		e?			□ Yes	□ No
Have you ever been employed with us before? □ Yes □ No If Yes, give dates of employment □					□ No	
If hired, can you submit verificat Proof of citizenship or immigra				ted States?	□ Yes	□ No
On what date would you be available for work?						
Are you currently on "lay-off" st	atus and subject	t to recall?			□ Yes	\square No
Have you been convicted of a fel Conviction will not necessarily The applicant is not obligated	disqualify an app	licant from emplo		tion or arrest.	□ Yes	□ No
If Yes, please explain						

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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START DATE	END DATE	FINAL PO	OSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?	
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STREET ADDRESS, CITY, STATE, ZIP CODE					PHONE ()	
JOB RESPONSI	BILITIES					
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Have you ever been discharged or forced to resign from any prior job? Yes No If Yes, please explain circumstances.						

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Can you meet these requirements with or without reasonable accommodations?	Do you unde	astanu me trai	innig and skill requ	mement of the Job you	are applying for:		
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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge and any information found to be false may lead to the rejection of the applicant for hire and dismissal of any hired employee.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

lignature of Applicant	Date
NOTES	

EMPLOYMENT DATA RECORD

VOLUNTARY SURVEY

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, sexual orientation, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and <u>are not</u> a part of your Application for Employment or personnel file. <u>Please note</u>: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

PLEASE PRINT

Date			
protected status of em		stical analysis with resp	r, handicap, veteran and other sect to the success of the affirmative VTARY .
NAME			
ADDRESS			
CITY		STATE	ZIP CODE
CURRENT JOB			
CHECK ONE:		A	GE
☐ MALE	☐ FEMALE LOWING: (ETHNIC ORIGIN)		
CHECK ONE OF THE FOLI	LOWING: (ETHNIC ORIGIN)		
□ WHITE	☐ HISPANIC	☐ AMERICAN INDIAN/	
☐ BLACK CHECK IF APPLICABLE:	□ OTHER	☐ ASIAN/PACIFIC ISLA	NDER
CHECK IF APPLICABLE:			
□ VETERAN	☐ DISABLED VETERAN		

EMPLOYMENT INFORMATION RELEASE

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the City of Zion any and all information that you may have concerning my work record, my reputation or me. Also, please give any information that may appear in my personal file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the City of Zion.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of

furnishing the information requested above. Finally, a duplicate of this form shall carry the same force as the

original.		
Signature	 Date	
NAME		
ADDRESS	CITY/STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	