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	What is your desired salary?
ESDA VOLUNTEER	N/A

POSITION DESIRED
☐ FULL-TIME ☒ PART-TIME ☐ SHIFT WORK ☐ TEMPORARY

HOW DID YOU LEARN ABOUT US?

☐ ADVERTISEMENT ☐ FRIEND ☐ WALK-IN
☐ EMPLOYMENT AGENCY ☐ RELATIVE ☐ OTHER _____

GENERAL

NAME (LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

TELEPHONE NUMBER(s)	SOCIAL SECURITY NUMBER

Have you ever filed an application with us before? ◯Yes ◯No
If Yes, give date _____

Have you ever been employed with us before? ◯Yes ◯No
If Yes, give dates of employment _____

If hired, can you submit verification of your legal right to work in the United States? ◯Yes ◯No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you currently on "lay-off" status and subject to recall? ◯Yes ◯No

Have you been convicted of a felony within the last 7 years? ◯Yes ◯No
Conviction will not necessarily disqualify an applicant from employment.
The applicant is not obligated to disclose sealed or expunged records of conviction or arrest.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD

LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	~~FINAL SALARY~~	MAY WE CONTACT THIS EMPLOYER? ◯ YES ◯ NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ( )
JOB RESPONSIBILITIES				

START DATE	END DATE	FINAL POSITION TITLE	~~FINAL SALARY~~	MAY WE CONTACT THIS EMPLOYER? ◯ YES ◯ NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ( )
JOB RESPONSIBILITIES				

START DATE	END DATE	FINAL POSITION TITLE	~~FINAL SALARY~~	MAY WE CONTACT THIS EMPLOYER? ◯ YES ◯ NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ( )
JOB RESPONSIBILITIES				

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

Have you ever been discharged or forced to resign from any prior job? ◯ Yes ◯ No
If Yes, please explain circumstances.

____

____

____

EDUCATION & TRAINING

COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE? ◯YES ◯NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL – DATES ATTENDED CITY & STATE
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE? ◯YES ◯NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL – DATES ATTENDED CITY & STATE
HIGH SCHOOL LAST ATTENDED	GRADUATE? ◯ YES ◯ NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL – DATES ATTENDED CITY & STATE
MILITARY/ OTHER	GRADUATE? ◯YES ◯NO	TYPE OF DEGREE CERTIFICATION	SPECIALITY	BRANCH /NAME OF SCHOOL – DATES ATTENDED CITY & STATE

LIST ANY SPECIALIZED TRAINING AND SKILLS YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

LIST ANY HONORS YOU HAVE RECEIVED

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE

	FLUENT	GOOD
SPEAK	_____	_____
READ	_____	_____
WRITE	_____	_____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. YOU MAY EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, SEXUAL ORIENTATION, HANDICAP OR OTHER PROTECTED STATUS

REFERENCES

GIVE NAME, ADDRESS, AND TELEPHONE NUMBERS OF THREE PROFESSIONAL REFERENCES WHO ARE **NOT** RELATED TO YOU (E.G. PREVIOUS EMPLOYERS, EDUCATIONAL INSTITUTIONS/FACULTY, AND MILITARY RANK OFFICERS).

	NAME/TITLE	MAILING ADDRESS	PHONE NO.
1.			
2.			
3.			

Do you understand the training and skill requirement of the job you are applying for? ◯ Yes ◯ No

Can you meet these requirements with or without reasonable accommodations? ◯ Yes ◯ No

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.

If hired, I agree to a pre-employment physical including drug screen.

Signature of Applicant **Date**

NOTES

EMPLOYMENT DATA RECORD

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 are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

PLEASE PRINT

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the affirmative action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
CURRENT JOB		
CHECK ONE: ○ MALE ○ FEMALE		AGE
CHECK ONE OF THE FOLLOWING: (ETHNIC ORIGIN) ○ WHITE ○ HISPANIC ○ AMERICAN INDIAN/ALASKAN NATIVE ○ BLACK ○ OTHER ○ ASIAN/PACIFIC ISLANDER		
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	