



# CITY OF ZION EMPLOYMENT APPLICATION

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

Please complete this application in its entirety. Incomplete applications will be rejected. It is the policy of the City of Zion to provide equality of opportunity to all persons regardless of race, color, ancestry, national origin, gender, sexual orientation, marital status, religion, age, disability, gender identity, results of genetic testing, service in the military, or any other protected group status. This policy applies to all aspects of our personnel policies, practice, and operations. The City complies with the American with Disabilities Act (ADA). All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment.

Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by the City of Zion.

POSITION	
POSITION APPLIED FOR	DATE OF APPLICATION:
POSITION DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY	
HOW DID YOU LEARN ABOUT US? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK-IN <input type="checkbox"/> INDEED/SOCIAL MEDIA <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER _____	
GENERAL	
NAME (LAST)	(FIRST) (MIDDLE)
PRESENT ADDRESS: (STREET, CITY, STATE, ZIP CODE)	
EMAIL	PHONE NUMBER

Are you 18 years of age or older?  Yes  No

Have you ever been employed here before?  Yes  No

If yes, give dates of employment and reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Do you presently have any relatives employed by the City of Zion?  Yes  No

If yes, please list name: \_\_\_\_\_

Are you authorized by the United States Citizenship and Immigration Services 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? \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

<b>EMPLOYMENT HISTORY (LIST MOST RECENT EMPLOYMENT FIRST)</b>			
START DATE	END DATE	FINAL POSITION TITLE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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.*

Please explain any gaps/periods of non-employment: \_\_\_\_\_

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	COURSE OF STUDY	NAME OF SCHOOL (CITY & STATE)
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	COURSE OF STUDY	NAME OF SCHOOL (CITY & STATE)
HIGH SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	COURSE OF STUDY	NAME OF SCHOOL (CITY & STATE)
MILITARY/ OTHER	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE/ CERTIFICATION	SPECIALITY	BRANCH /NAME OF SCHOOL

**SKILLS & QUALIFICATIONS** – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position you are applying. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Can you meet the requirements of the position with or without reasonable accommodations?  Yes  No

**PROFESSIONAL, TRADE, BUSINESS OR CIVIC AND ANY OFFICES HELD** – Please list those that relate to the position you are applying for. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REFERENCES

Give name, email, mailing address and phone number of three (3) professional references who are NOT related to you; NOT a direct supervisor, and you have known for at least one (1) year.

	<u>NAME/TITLE/RELATIONSHIP</u>	<u>EMAIL</u>	<u>MAILING ADDRESS</u>	<u>PHONE</u>
1.				
2.				
3.				

**IMPORTANT - PLEASE READ THE FOLLOWING CAREFULLY**

I certify that all information provided by me on this application is true and complete to the best of my knowledge, and that I have not withheld any information that would, if disclosed, affect this application unfavorably. I understand that if I have provided any false, misleading or incomplete information in this application I may be denied employment or terminated from employment with the City at any time, including after any period of probation, regardless of when the City discovers my false, misleading or incomplete information.

I specifically consent to the disclosure of information which may be covered by a settlement agreement or other “confidentiality” provision entered into with my former employers, and I waive my rights to enforce any such prior confidentiality agreement against my former employer with regard to this disclosure. I agree to waive any claim or action in law or equity and release from any claim of liability by me whatsoever, against the City of Zion, its officers, agents and employees and any of the persons or entities listed by me on this application and their officers, agents and employees arising from the investigation, verification, providing or use of information authorized or requested pursuant to my application for employment with the City.

I understand that I may be required, as a condition of employment, to submit to a pre-employment drug and/or alcohol test, physical examination (depending on position sought) and/or a job-related ability test(s), and I hereby consent to such tests as may be required to make a decision on my employment. I understand that this application is not, nor is it intended to be, a contract of employment. I understand that unless specifically provided by written agreement authorized and signed at the direction of the City Council, my employment with the City is at-will, meaning that either I or the City can terminate employment at any time for any reason. If hired, I agree to abide by all applicable City rules and regulations which are subject to modification by the City.

I hereby acknowledge that I have read the above and fully understand it prior to affixing my signature below.

By checking this box it acts as my signature; I acknowledge all the information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date