

APPLICATION FOR EMPLOYMENT

CITY OF FAIRVIEW HEIGHTS

OFFICE OF HUMAN RESOURCES

10025 Bunkum Road – Fairview Heights, IL 62208

Fax: (618) 489-2019

Email: hr@cofh.org



Your application is the first step in the process of obtaining employment with the City of Fairview Heights. Please complete all sections to the best of your knowledge. **Falsification or Omission of Information may result in rejection of the application or dismissal if you are employed by the City of Fairview Heights.**

Please print. If an item does not apply to you or applicable to the job you are applying for, write in the letters "NA" of "Not Applicable". Feel free to attach a resume to supplement this application; however, you must complete all information requested on the application. Unsolicited applications remain on file for a period of one year from the date of completion, solicited application remain on file for a period of two years from the date of completion.

APPLICANT INFORMATION										
Date of Application										
Last Name			First			M.I.				
Street Address						Apartment/Unit #				
City				State		ZIP				
Phone			E-mail Address							
Date Available			Desired Rate of Pay							
Position Applied for										
Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk In <input type="checkbox"/> Other _____										
Are you available to work			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Special Assignment							
If employed and you are under 18, can you furnish a work permit?			YES <input type="checkbox"/>		NO <input type="checkbox"/>					
Have you filed an application here before?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			
Have you ever worked for the City?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			
Are you employed now?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		May we contact your present employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of, or pled guilty or nolo contendere to any crime *			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain			
* Other than a minor traffic violation, you are NOT obligated to disclose sealed or expunged records of conviction or arrest. Please note that conviction of a crime will not necessarily disqualify an applicant – the nature of the crime and when the conviction occurred will be considered.										
Do you have the physical ability to perform all essential duties of the job for which you are applying?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, explain			
Are there workplace accommodations, which would assure better job placement and/or enable you to perform your job to your maximum capability?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain			
If applicable for the position you are applying for, please answer the next two questions:										
Are you legally authorized to drive in the State of Illinois?			YES <input type="checkbox"/>		NO <input type="checkbox"/>					

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Do you have a valid Illinois CDL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
EDUCATION & SKILLS					
High School		Address			
Years completed		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Honors Received			Specialized training, apprenticeship, skills and/or extra-curricular activities		
College/Trade		Address			
Years completed		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Honors Received			Specialized training, apprenticeship, skills and/or extra-curricular activities		
Graduate		Address			
Years completed		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Honors Received			Specialized training, apprenticeship, skills and/or extra-curricular activities		
List professional, trade, business or civic activities and offices held (Exclude these, which indicate race, color, religion, sex or national origin)					
State any additional information you feel may be helpful to us in considering your employment.					
Summarize special skills and qualifications acquired from employment or other experience.					
REFERENCES					
<i>Please list three professional references who are not related to you.</i>					
Full Name			Relationship		
Company			Daytime Contact Phone		
Address					
Full Name			Relationship		
Company			Daytime Contact Phone		
Address					
Full Name			Relationship		
Company			Daytime Contact Phone		
Address					

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PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative report from any law enforcement agency, which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorized the references listed above to give you any and all information

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concerning my previous employment and any pertinent information they may have, personal and otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the City and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the City or myself without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the President (or ranking office), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the City. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the City in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the City during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the City will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the City.

Signature

Date

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS POINT

Position Considered

Interviewed By

Witnessed By

Date

Date

Accepted for Employment YES NO

Comments