

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative/Friend <input type="checkbox"/> City of Blue Island Website
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Inquiry <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Voluntary)		Date of Birth

Best time to contact you:.....	_____:	_____	AM PM
Are you legally authorized to work in the United States?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you are under 18 years of age, can you provide required proof of your eligibility to work?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed an application with us before? If Yes, give date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been employed with us before?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, give date ____/____/____			
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently employed?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If offered the position, would you be able to pass pre-employment screening such as drug and alcohol testing?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date available for work ____/____/____	What is your desired salary range? _____		
Are you available to work:	<input type="checkbox"/> Full-Time	(please indicate 1 2 3 shift)	
	<input type="checkbox"/> Part-Time	(please indicate Mornings Afternoon Evenings)	
	<input type="checkbox"/> Temporary	(please indicate dates available ____/____/____ - ____/____/____)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving:				

2.

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving:				

3.

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving:				

4.

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving:				

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

List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications/Licenses/Certificates

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

___Terminal	___Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___PC/MAC	___Word Processing	_____	_____
___Typewriter	___Shorthand	_____	_____
WPM ___	WPM ___	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ___YES ___NO

Professional References (Supervisor Level Preferred)

1.	_____ (_____)	_____
	(Name)	Phone #
	_____	_____
	(Position Held)	email
2.	_____ (_____)	_____
	(Name)	Phone #
	_____	_____
	(Position Held)	email
3.	_____ (_____)	_____
	(Name)	Phone #
	_____	_____
	(Position Held)	email

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete.

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 6 months. 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered for: _____

Date _____

NAME: _____ POSITION: _____ DATE: ____/____/____