

CITY OF ELGIN APPLICATION FOR EMPLOYMENT

INCOMPLETE APPLICATIONS WILL NOT RECEIVE CONSIDERATION

1 NAME	2 * SOCIAL SECURITY NUMBER
(LAST) _____ (FIRST) _____ (MIDDLE) _____	

3 ADDRESS

NUMBER AND STREET _____ CITY _____ STATE _____ ZIP CODE _____

4 EXACT TITLE OF JOB YOU ARE SEEKING:	5 TYPE OF JOB DESIRED AND SPECIFIC TIMES
6 TELEPHONE NUMBER	FULL-TIME-YEAR ROUND-HOURS _____ TO _____ PART TIME-YEAR ROUND-DAYS _____ HOURS _____ TO _____ SUMMER _____ DAYS _____ HOURS _____ TO _____ CAN WORK UNTIL - DATE _____ SEASONAL/TEMPORARY-DAYS _____ HOURS _____ TO _____
7 ARE YOU PRESENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
8 ** DATE OF BIRTH	10 SEX ***
MONTH _____ DATE _____ YEAR _____	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
9 WHEN COULD YOU START?	
MONTH _____ DATE _____	

11 LIST VALID DRIVERS LICENSE AND STATE OF ISSUE	12 IF YOU HAVE EVER WORKED UNDER ANOTHER NAME, WHAT WAS THAT NAME?
NUMBER _____ CLASS _____ STATE ISSUED _____	

ANSWER THE FOLLOWING QUESTIONS BY CLICKING THE BOX BY "YES" OR "NO".	ANSWER THE FOLLOWING QUESTIONS BY CLICKING THE BOX BY "YES" OR "NO".
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13 ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? PROOF OF "CITIZENSHIP STATUS" AS DEFINED BY THE STATE OF ILLINOIS HUMAN RIGHTS ACT WILL BE REQUIRED.	15 DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY?
YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME _____ RELATIONSHIP _____ YES <input type="checkbox"/> NO <input type="checkbox"/>

14 HAVE YOU BEEN FOUND GUILTY OR HAVE YOU PLEADED GUILTY OR OTHERWISE ADMITTED TO ANY VIOLATION OF THE LAW SINCE YOUR 17TH BIRTHDAY?	16 HAVE YOU PREVIOUSLY WORKED FOR THE CITY?
(DO NOT INCLUDE TRAFFIC VIOLATIONS FOR LESS THAN 21 MPH OVER THE POSTED SPEED LIMIT). THIS ANSWER SHOULD ALSO INCLUDE ANY VIOLATIONS OF LAW WHICH RESULTED IN THE IMPOSITION OF SUPERVISION OR PARTICIPATION IN ANY DIVERSION PROGRAM. INACCURATE RESPONSES MAY BE USED AS GROUNDS FOR DISQUALIFICATION OR DISMISSAL. IF ANSWER IS "YES", LIST ALL SUCH CASES ON THIRD PAGE OF THIS APPLICATION. IN EACH CASE GIVE: (1) DATE, COURT AND LOCATION: (2) NATURE OF THE OFFENSE OR VIOLATION: (3) THE PENALTY IMPOSED, IF ANY, OR OTHER DISPOSITION OF THE CASE. POSITIVE RESPONSES ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED ON ITS INDIVIDUAL MERITS.	From: _____ To: _____ POSITION _____ YES <input type="checkbox"/> NO <input type="checkbox"/>

17 HAVE YOU PREVIOUSLY FILED AN APPLICATION OR TAKEN AN EXAMINATION FOR A JOB WITH THE CITY?	18 HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB?
POSITION _____ WHEN APPLIED _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, GIVE THE NAME OF THE EMPLOYER, DATE AND REASON IN EACH CASE ON THE THIRD PAGE OF THIS APPLICATION. YES <input type="checkbox"/> NO <input type="checkbox"/>

19 MILITARY SERVICE:	FROM	TO	IDENTIFY JOB RELATED DUTIES	TYPE OF DISCHARGE?
BRANCH (ARMY, NAVY, ETC.)	MO. YEAR	MO. YEAR		

CHECK THE HIGHEST GRADE COMPLETED IN SCHOOL

1 2 3 4 5 6 7 8 9 10 11 12

YES NO

TRAINING BEYOND HIGH SCHOOL - LIST COLLEGES OR UNIVERSITIES, NURSING, BUSINESS COLLEGE, SPECIALIZED TRAINING COURSES, APPRENTICESHIPS OR OTHER CLASSES YOU HAVE ATTENDED OR TRAINING YOU HAVE TAKEN. CHECK THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY. GIVE DETAILED INFORMATION AND LOCATION OF SCHOOLS OR TRAINING SESSION, DATES ATTENDED, CREDITS EARNED, MAJOR AREAS OF STUDY AND DEGREES OR CERTIFICATES RECEIVED.

1 2 3 4 5 6 7 8

DATES ATTENDED		CREDITS EARNED	COURSES OR AREAS OF STUDY	DEGREES EARNED DATE
FROM MO./YR.	TO MO./YR.			

EMPLOYMENT INFORMATION

Begin with your present employment and work back in time, accounting for all time worked during the past ten years. IN ADDITION, LIST ANY OTHER JOB RELATED WORK EXPERIENCE THAT MAY QUALIFY YOU FOR THIS POSITION. Attach additional pages if necessary.

LIST PRESENT OR LAST POSITION FIRST	
EMPLOYER _____ PHONE# _____	FROM _____ MO YEAR
ADDRESS _____ CITY _____ STATE _____	TO _____ MO YEAR
SUPERVISOR'S NAME AND TITLE _____	TOTAL _____ YEARS MONTHS
YOUR TITLE _____	FULL TIME <input type="checkbox"/> HRS. PER WK _____ PART TIME <input type="checkbox"/>
YOUR DUTIES _____	LAST SALARY _____
_____	REASONS FOR LEAVING _____

EMPLOYER _____ PHONE# _____	FROM _____ MO YEAR
ADDRESS _____ CITY _____ STATE _____	TO _____ MO YEAR
SUPERVISOR'S NAME AND TITLE _____	TOTAL _____ YEARS MONTHS
YOUR TITLE _____	FULL TIME <input type="checkbox"/> HRS. PER WK _____ PART TIME <input type="checkbox"/>
YOUR DUTIES _____	LAST SALARY _____
_____	REASONS FOR LEAVING _____

EMPLOYER _____ PHONE# _____	FROM _____ MO YEAR
ADDRESS _____ CITY _____ STATE _____	TO _____ MO YEAR
SUPERVISOR'S NAME AND TITLE _____	TOTAL _____ YEARS MONTHS
YOUR TITLE _____	FULL TIME <input type="checkbox"/> HRS. PER WK _____ PART TIME <input type="checkbox"/>
YOUR DUTIES _____	LAST SALARY _____
_____	REASONS FOR LEAVING _____

EMPLOYER _____ PHONE# _____	FROM _____ MO YEAR
ADDRESS _____ CITY _____ STATE _____	TO _____ MO YEAR
SUPERVISOR'S NAME AND TITLE _____	TOTAL _____ YEARS MONTHS
YOUR TITLE _____	FULL TIME <input type="checkbox"/> HRS. PER WK _____ PART TIME <input type="checkbox"/>
YOUR DUTIES _____	LAST SALARY _____
_____	REASONS FOR LEAVING _____

ADDITIONAL INFORMATION SHEET

IF YOU ANSWERED YES TO QUESTIONS 14 AND / OR 18, PLEASE EXPLAIN DETAILS BELOW:

14. HAVE YOU BEEN FOUND GUILTY OR HAVE YOU PLEADED GUILTY OR OTHERWISE ADMITTED TO ANY VIOLATIONS OF THE LAW SINCE YOUR 17TH BIRTHDAY?

(DO NOT INCLUDE TRAFFIC VIOLATIONS FOR LESS THAN 21 MPH OVER THE POSTED SPEED LIMIT).

INACCURATE RESPONSES MAY BE USED AS GROUNDS FOR DISQUALIFICATION OR DISMISSAL

IN EACH CASE GIVE: (1) DATE, COURT AND LOCATION; (2) NATURE OF THE OFFENSE OR VIOLATION; (3) THE PENALTY IMPOSED, IF ANY, OR OTHER DISPOSITION OF THE CASE.

**POSITIVE RESPONSES ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT.
EACH CASE IS CONSIDERED ON ITS INDIVIDUAL MERITS.**

18. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB?

IN EACH INSTANCE, GIVE THE NAME OF THE EMPLOYER, DATE AND REASON.

21. I HEREBY WAIVE THE APPLICATION OF THE DISCLOSURE NOTICE REQUIREMENTS OF THE PERSONNEL RECORD REVIEW ACT (820 ILCS 40/7) AS AMENDED (THIS WAIVER WOULD PERMIT ANY OF YOUR FORMER EMPLOYERS TO PROVIDE DISCIPLINARY INFORMATION TO THE CITY WITHOUT INFORMING YOU IN WRITING PRIOR TO PROVIDING SUCH INFORMATION) YES NO

USE THIS SPACE FOR ANY OTHER ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN MY APPLICATION IS CORRECT, TO THE BEST OF MY KNOWLEDGE, AND AUTHORIZE THE CITY OF ELGIN TO CHECK ON ANY OF THIS INFORMATION THROUGH REFERENCE CHECK AND REVIEW OF INFORMATION FROM ANY LAW ENFORCEMENT AGENCY REGARDING ANY CONVICTIONS LISTED UNDER MY NAME WHICH MIGHT BE ON FILE AND RELEASE THEM FROM ALL LIABILITY FOR DAMAGES WHATSOEVER FOR FURNISHING ANY INFORMATION CONCERNING ME. I ALSO UNDERSTAND THAT IF ANY OF THE MATERIAL FACTS STATED IN THIS APPLICATION ARE UNTRUE, MISSTATED OR OMITTED I MAY LOSE ALL MY RIGHTS TO ANY JOB WITH THE CITY OF ELGIN. I ALSO UNDERSTAND (1) I MUST NOTIFY THE CITY OF ANY CHANGE IN MY NAME, ADDRESS OR PHONE NUMBER; (2) THIS APPLICATION WILL BE KEPT ON FILE FOR SIX MONTHS AND THEN BE INACTIVATED (UNLESS MY NAME HAS BEEN PLACED ON AN ELIGIBILITY LIST FOR AN EXAMINED POSITION); (3) THAT THE CITY OF ELGIN HAS A RESIDENCY REQUIREMENT FOR CERTAIN FULL-TIME EMPLOYEES THAT I MAY HAVE TO COMPLY WITH.

(YOUR SIGNATURE)

(DATE)

(FOR OFFICE USE ONLY)
APPLICATION TRACKING FORM

Department application is routed to: _____

Supervisor application is routed to: _____

Inquiry Outcome:

Date(s) called and outcome: _____

Interview date(s) and outcome: _____

NEW EMPLOYEE APPROVAL FORM

Name: _____ Position: _____

Department: _____ Supervisor: _____

Salary Offer: \$ _____ Hourly / Monthly

Grade _____ Step _____ Shift Rate _____ Project# _____

Department / Division / Account _____ - _____ - _____

Relevant Experience and Qualifications vs. Other Candidates:

Position Status: Full Time Part Time Permanent
 Part Time Regular Seasonal Temporary

Requirement: Employee ID Badge

IMRF Eligible: Yes No _____ # of Budgeted Hours per year

Immediate Supervisor

Date

Department Head Approval

Date

HUMAN RESOURCES USE ONLY

State Background Check

Drug Screen

MVR Check

Reference Check

Notes: _____

Human Resources: Approved Not Approved _____

Human Resources

Date

CITY MANAGER'S OFFICE

City Manager's Office: Approved Not Approved _____

City Manager

Date

E. E. O. QUESTIONNAIRE

The City of Elgin is an Equal Opportunity Employer and would appreciate the following information for reporting purposes. We are asking for your cooperation completing this form. This information will be kept separate from your application.

Application Date: _____

1. Name: _____
Last Name First Name Initial

2. Social Security Number: _____

3. Position applied for: Full-Time Part-Time Seasonal (Summer)

Position Title: _____

4. Sex: Male Female

5. Date of Birth: _____

6. How do you describe yourself in terms of the following groupings? (Please check)

- A White: all persons having origins in Europe, North Africa of the Middle East
- B Black: all persons having origins in any of the Black racial groups of Africa
- C Hispanic: all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race
- D Asian American: all persons having origins in the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands
- E American Indian: all persons having origins in any of the original peoples of North American and who maintain cultural identification through tribal affiliation or community recognition.

7. How did you hear about this position? (Please check)

- A Just stopped in to inquire
- B Newspaper (if yes, check one)
 - 1. The Courier News
 - 2. Daily Herald
 - 3. Reflejos
 - 4. Other (Specify) _____
- C Internet
- D Other (Please Check)
 - 1. Personnel Office announcement (Where) _____
 - 2. Referred by Agency (Which Agency) _____
 - 3. Suggested by friends (if an employee, who) _____
 - 4. Other than listed above (please specify) _____