

Date Received: _____

(For Office Use only)

**City of Le Roy
207 South East Street
Le Roy, Illinois 61752**

Application for Employment

- 1. You must fully and accurately complete this Application for Employment. Incomplete or illegible applications will not be considered. Please complete the form in blue or black ink.
- 2. This Application for Employment will be inactive one hundred eighty (180) days from the date of application (below). If you want to be considered after the time, you must complete a new Application for Employment.

Date of Application: _____

Position(s) Applying For: _____

General Information

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Prior Address: _____
Street City State Zip

Telephone: _____
Home Work
Cell Phone

Drivers License Number: _____ **State** _____

Date Available for Work: _____

Referred by: _____

General Information Continued

Were you previously employed by the City of Le Roy?

Yes **No**

If yes:

Position _____

Department _____

Supervisor _____

Dates Employed _____

In case of emergency notify _____

Name

Address

Phone

Can you verify that you are at least eighteen (18) years of age, and if applying for a police officer position can you verify that you are at least twenty-one (21) years of age?

Yes **No**

If you are hired can you supply proof of a valid driver's license?

Yes **No**

If you are hired, can you supply the required documentation to verify your lawful right to work in United States?

Yes **No**

If you are hired for a position that requires a bond, can you provide information regarding any previous bond you may have been issued?

Yes **No**

Have you ever been convicted of a misdemeanor or felony offense?

Yes **No**

If yes, please explain, including date and location of conviction:

General Information Continued

If applying for a police officer position, have you ever been convicted of a felony, misdemeanor involving moral turpitude, or domestic violence?

Yes **No**

If yes, please explain

Are you employed now?

Yes **No**

If yes, may we inquire of your present employer?

Yes **No**

Present Employer _____
Name

Contact Number/ Supervisors Name

Will you need any accommodation in order to complete the pre-employment test(s) associated with the position you are applying for (if any)?

***** Tests include, Physical, Drug and Alcohol Screening and Psychological Evaluation*****

Yes **No**

If yes, what type of accommodation is needed?

Skills

Please list skills, certificates, or special licenses which relate to the position(s) you are applying for:

Please list all equipment you can operate which relates to the position(s) you are applying for:

Education

Type of School	Name of School	Years Attended	Date Graduated	Degree Earned
High School				
College				
College				
Trade School				
Other				

Please list any educational courses that you have taken which pertain to the position you are applying for.

Employment History

Please list present or most recent employer first.

*****You must provide at least three (3) years of job history *****

Employer _____ **Job Title** _____

Name of Supervisor _____

Employed from _____ **to** _____

Address _____

Telephone (____) _____

Duties _____

Reason for Leaving

May we contact this employer? ___ Yes ___ No

Employer _____ **Job Title** _____

Name of Supervisor _____

Employed from _____ **to** _____

Address _____

Telephone (____) _____

Duties _____

Reason for Leaving

May we contact this employer? ___ Yes ___ No

Employment History Continued

Employer _____ **Job Title** _____

Name of Supervisor _____

Employed from _____ **to** _____

Address _____

Telephone (____) _____

Duties _____

Reason for Leaving _____

May we contact this employer? ____ Yes ____ No

References

Name	Address	Telephone	Relationship

Equal Opportunity Employment Policy for City of Le Roy

It is the policy of the City Of Le Roy, Illinois, to hire well qualified people to perform the task necessary to provide high quality service to the citizens of Le Roy. An integral part of this policy is to provide equal employment opportunity for all persons without discrimination on the basis of race, sex, gender, color, religion, national origin, physical/mental disability, or age. To help us monitor the program of the City's Affirmative Action policy, we request your cooperation in providing the following information. This survey will be detached from your application prior to any review and will be kept confidential in accordance with applicable laws. This survey will not affect your consideration for employment.

Circle the appropriate answer for each question. Please respond to all questions and mark only one answer for each.

1. Sex

Male Female

2. Racial/Ethnic Group

Black White Hispanic American Indian
Alaskan Native Asian/Pacific Islander

3. Military Service

Not Veteran Vietnam Era Veteran
Disabled Veteran Veteran (other than Vietnam)

4. Referral Source

Illinois Job Service Friend/Relative City Employee
Other _____

Position for which you are applying _____

Date of Application _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND THEN SIGN YOUR NAME ON THE SIGNATURE LINE BELOW TO SHOW THAT YOU HAVE READ THESE STATEMENTS AND AGREE WITH THE CONTENTS.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omission or other inconsistency may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that employment is conditional upon the showing of a valid driver's license, bond worthiness, physical or mental qualifications, or other information required for the particular position for which I have applied.

I authorize investigation of all statements contained herein, and I authorize the references listed previously to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing any information to you.

I understand and acknowledge that in the event an offer of employment is made to me by the City of Le Roy, such offer is conditional upon a background check of my criminal history. I further understand that no such check will be run until a conditional offer of employment is made and that I will be notified in advance.

I understand and agree that, if employed, my employment is for no definite period, and regardless of the date, or time interval, of payment of my wages or salary, I may be terminated at any time without prior notice. I further understand that only the city council has the authority to create or enter into any employment agreement on behalf of the City of Le Roy.

In consideration of my employment, I agree to comply with all rules, regulations, and employment policies of the City of Le Roy.

Date

Signature



City of Le Roy
207 South East Street
Le Roy, Illinois 61752



Authorization for the Release of Information

As an applicant for a position with the City of Le Roy, I recognize that two essential characteristics for employment are honor and integrity. I further recognize the need for the City of Le Roy to conduct an extensive background check on every applicant.

With this recognition in mind, I, _____, hereby authorize the City of Le Roy and its authorized representatives in possession of this release, or a copy thereof, within one year of its date, to obtain any information within your possession relevant to my employment. Such information includes, but is not limited to my: military experience, credit score, juvenile court involvement, psychological testing, or medical records, educational background, academic achievements, attendance, athletic, personal history, and disciplinary records.

I hereby direct you to release such information upon request of the City of Le Roy. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, and to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any law enforcement agency, court, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. Further, I agree to coordinate with the Le Roy Police Department to provide a full set of my fingerprints at a mutually agreeable time. I understand and acknowledge and these unique identifiers will only be used to facilitate the location of employment, military, credit, court, law enforcement, and educational records concerning me in connection with this application.

Applicant's Full Name (Print): _____

Address: _____

Telephone Number: (_____) _____



City of Le Roy
207 South East Street
Le Roy, Illinois 61752



Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____,
in and for _____ county, in the state of _____ .

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____