

RELEASE AUTHORIZATION

I, _____, hereby authorize the release of any Military, Medical, Employment, Credit, School Records or Transcripts to the Chief of Police, North Pekin, Illinois or his authorized representative.

I further authorize the North Pekin Chief of Police, or his authorized representative to investigate my character and background, and solicit any information which might be used in the evaluation of my employment potential with the Village of North Pekin. I also authorize investigation of all statements made in my application for employment with the Village of North Pekin.

In making such authorization, I release both the contributor and the Village of North Pekin from all liability for any damage whatsoever arising therefrom, and I release both agents of the contributor and agents of the Village of North Pekin from all liability for any damage whatsoever arising therefrom.

Signature of Applicant

Date of Birth

Social Security Number

Date Signed

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Employment Agency
Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Phone No. (____) _____ Social Security No. _____
AREA CODE

Have you filed an application here before? Yes No Date _____

Have you ever been employed here before? Yes No Date _____

Are you a citizen of the United States? Yes No

If not, do you possess an Alien Registration Card? Yes No

If yes, give Alien Registration Number _____

Are you available to work? Full Time Part Time Shift Work

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do any of your friends or relatives, other than your spouse, work here? Yes No

If yes, list name(s) _____

Have you been convicted of a felony within the last 7 years? No Yes

If yes, explain _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/V/H

Are you a member of U.S.Military service? Yes No

If yes, what is your Branch of U.S.Military service? _____

Do you have any physical, mental or medical impairment of disability that would limit your job performance for the position for which you are applying? Yes No

If yes, please explain _____

What foreign languages do you speak, read and/or write?

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin.):

Give name, address and phone number of three references not related to you.

Special Employment Notice To Disabled Veterans, Vietnam Era Veterans, And Individuals With Physical Or Mental Handicaps

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed(circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-curricular Activities				

Honors Received:

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

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant _____

Date _____

For Personnel Department Use Only

Arrange Interview ___ Yes ___ No

Remarks _____

Employed ___ Yes ___ No

Date of Employment _____

Interviewer _____

Date _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name/Title

Date

Employment Experience

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

1	Employer	Date from	To	Work Performed
	Address	Hrly. Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Date from	To	Work Performed
	Address	Hrly. Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Date from	To	Work Performed
	Address	Hrly. Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Date from	To	Work Performed
	Address	Hrly. Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

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

Summarize Special Skills and Qualifications
 Acquired from Employment or Other Experience _____

Applicant Data Record

(PLEASE PRINT)

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely, to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

This Data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative
 Employment Agency Other _____

Name _____ Phone () _____
LAST FIRST MIDDLE AREA CODE

Address _____
NUMBER STREET CITY STATE ZIP CODE

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ___Yes ___No

Position(s) Considered For: _____

Date _____

NOTES: