## VILLAGE OF MT. ZION APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Village of Mt. Zion, 1400 Mt. Zion Parkway, Mt. Zion, Illinois 62549 - Telephone 217-864-5424 Position Desired Date PLEASE PRINT OR TYPE Last Name First Name Middle Initial Street Address City State Zip Code Daytime Telephone E-mail Address Alternate Contact Telephone \*\* \*\* Alternate contact telephone number **MUST** be different from your daytime telephone number. Have you filed a declaration of intent to Are you a citizen of the United States? If not, do you have a legal right to live and become a citizen of the U.S.? work in the U.S.? YES NO YES NO YES YES Do you have a valid driver's license? Class \_\_\_\_\_ License Number \_\_\_\_\_\_ NO State YES Do you have any restrictions? NO Has vour license ever been YES If yes, explain suspended or revoked? NO YES Are you a veteran? NO Type of Military Training \_ Are you presently employed YES Have you ever been employed YES If so, where and by the Village of Mt. Zion? by the Village of Mt. Zion? NO NO when? **EDUCATION Course of Study Circle Last Grade** Did You Name and Address of School **Diploma or Degree** Completed **Graduate?** 4 1 2 3 YES High NO School 1 2 3 4 YES College NO 1 4 YES Other (Specify) SUMMARY OF OTHER TRAINING, SPECIAL SKILLS, EQUIPMENT YOU CAN OPERATE, SPECIAL LICENSES, ETC.

Begin with your present a	nd most recent job and list fully and a	accurately the details of each position	ı <b>.</b>
Employer Name & Address			
Job Title		From Mo./Yr.	To Mo./Yr.
Starting Salary	Ending Salary	Reason for Leaving	
Description of Duties			
Did you supervise employee	es? If yes, how man	y?	
Name & Title of your immed	iate supervisor		
May We Contact This Emp	NO Telepl	none Number	
Employer Name & Address			
Job Title			To Mo./Yr.
	Ending Salary	<u></u>	<del></del>
Description of Duties			
Did you supervise employee	es? If yes, how man	y?	
Name & Title of your immed		·	
	<u> </u>	Novelon	
may we Contact This Emp	oloyer? L YES L NO Telepl	none Number	
Employer Name & Address			
Job Title		From Mo./Yr.	To Mo./Yr.
Starting Salary	Ending Salary		
Description of Duties			
Did you supervise employee	es? If yes, how man	y?	
Name & Title of your immed	iate supervisor		
May We Contact This Emp	oloyer? 🗆 YES 🗆 NO Telepl	none Number	
	·		
	CHARAC	TER REFERENCES	
			s for the position for which you are applying
NAME AND O	CCUPATION	ADDRESS	PHONE NUMBER
			+
		CATION, CHECK FOR ERRORS OR OI	
my knowledge and belief, ar dismissal. I further understa period, where applicable.	nd I understand and agree that any misr and that my classification as an employe	epresentations or omissions of material e depends upon successfully performing	
	application will be processed in a confic personal references to the Village of Mt.	lential manner. I authorize release of ar Zion.	y records pertaining to my education,
	Date	Signature of	Applicant
01/08			

## **Employment Application Release Authorization**

In connection with my application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my worker's compensation claims, motor vehicle operation history and criminal history from various state, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance to ADA.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER, OR INSURANCE COMPANY CONTACTED BY THE VILLAGE OF MT. ZION, MACON COUNTY, ILLINOIS, TO FURNISH THE ABOVE MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised and given the name of the agency or source of information.

7	Today's Date:	Signature:		
The following must be filled out completely for you application to be considered. (Please Print)				
Last Name	First Name	Middle Initial		
Home Address				
City	State	Zip Code		
Social Security Number		Date of Birth		
Driver's License Number		State Driver's License Was Issued	-	

## **Application Certification**

I hereby certify that all answers to the questions in this application are true and I agree and understand that any false statement contained in this application may cause rejection of this application or termination of employment and shall constitute gross misconduct for benefit eligibility. I understand that an incomplete application may result in a lost job opportunity.

I authorize the Village of Mt. Zion to contact my current and past employers and personal references listed in this application to verify employment, work records, and suitability for employment with the Village and to investigate personal, financial, and credit records through an investigation or through a credit agency or bureau. I understand that an investigative report may be made whereby information is obtained through personal contact with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that my appointment to any Village position may be subject to satisfactorily completing a pre-employment medical exam, including a Drug Screen, and that the truthfulness of the statement in this application may be verified by polygraph examination.

All pre-employment medical exams will be administered by a physician designated by the Village of Mt. Zion.

I understand that I will not be appointed to a Village position until I have provided acceptable documentation attesting that I am a U.S. Citizen or lawfully alien worker; not until I have successfully completed the selection process, including a probationary period.

I understand that this application is not a co	ontract of employment. I understand that any oral or written
statement to the contrary is expressly disavowed, a	and should not be relied upon by any prospective or existing
employee.	
Signature	Date