

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

PLEASE PRINT OR TYPE	Position Desired _____	Date _____
Last Name _____	First Name _____	Middle Initial _____
Street Address _____	City _____	State _____ Zip Code _____
E-mail Address _____		Daytime Telephone () - _____
		Alternate Contact Telephone ** () - _____
** Alternate contact telephone number MUST be different from your daytime telephone number.		
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, do you have a legal right to live and work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you filed a declaration of intent to become a citizen of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	Class _____ License Number _____ State _____	
Do you have any restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain _____	
Has your license ever been suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain _____	
Are you a veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Type of Military Training _____		
Are you presently employed by the Village of Mt. Zion? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been employed by the Village of Mt. Zion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where and when? _____

EDUCATION

	Name and Address of School	Course of Study Diploma or Degree	Circle Last Grade Completed				Did You Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
			1	2	3	4	
High School	_____						<input type="checkbox"/> YES <input type="checkbox"/> NO

College	_____						<input type="checkbox"/> YES <input type="checkbox"/> NO

Other (Specify)	_____						<input type="checkbox"/> YES <input type="checkbox"/> NO

G.E.D. Did you receive certificate? YES NO

SUMMARY OF OTHER TRAINING, SPECIAL SKILLS, EQUIPMENT YOU CAN OPERATE, SPECIAL LICENSES, ETC. _____

Begin with your present and most recent job and list fully and accurately the details of each position.

Employer Name & Address _____

Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____

Reason for Leaving _____

Description of Duties _____

Did you supervise employees? _____ If yes, how many? _____

Name & Title of your immediate supervisor _____

May We Contact This Employer? YES NO Telephone Number _____

Employer Name & Address _____

Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____

Reason for Leaving _____

Description of Duties _____

Did you supervise employees? _____ If yes, how many? _____

Name & Title of your immediate supervisor _____

May We Contact This Employer? YES NO Telephone Number _____

Employer Name & Address _____

Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____

Reason for Leaving _____

Description of Duties _____

Did you supervise employees? _____ If yes, how many? _____

Name & Title of your immediate supervisor _____

May We Contact This Employer? YES NO Telephone Number _____

CHARACTER REFERENCES

List three persons other than former employers or relatives who would have knowledge of your qualifications for the position for which you are applying.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

BEFORE SIGNING THE APPLICATION, CHECK FOR ERRORS OR OMISSIONS

CERTIFICATE OF APPLICANT: I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any misrepresentations or omissions of material fact herein subjects me to disqualification or dismissal. I further understand that my classification as an employee depends upon successfully performing assigned work during a probationary period, where applicable.

I understand that my application will be processed in a confidential manner. I authorize release of any records pertaining to my education, employment, police, and/or personal references to the Village of Mt. Zion.

Signature of Applicant

Date

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.

Signature of Applicant

Date

The following must be filled out completely for your 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 of Mt. Zion 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 contract of employment. I understand that any oral or written statement to the contrary is expressly disavowed and should not be relied upon by any prospective or existing employee.

Signature of Applicant

Date