EMPLOYMENT APPLICATION

CITY OF MORRISON
200 WEST MAIN STREET
MORRISON, ILLINOIS 61270
815-772-7657

(Please Print)

Equal access to City programs, services and employment is available to all persons. Applicants requiring accommodation for the application, testing and/or interview process must file a formal written request with the City Administrator prior to the application due date for the position for which the accommodation is being requested.

Position Applied For _____ Date of Application _____

Name: (Last)_____ (First) _____ (Middle) _____

Address _____
(Street) (City) (State) (Zip)

Drivers License No. _____ Home Phone: (_____) _____

Type of employment desired (Check all that apply)
___ Full-Time ___ Part-Time
___ Year Round ___ Seasonal ___ Temporary

Cell Phone: (_____) _____

e-mail address: _____

Date available for work: _____

Are you legally eligible for employment in the United States? ___ Yes ___ No
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Have you ever used, sold or exchanged illegal drugs? ___ Yes ___ No
(You are not required to disclose expunged juvenile records of adjudication or arrest.)

EMPLOYMENT HISTORY

List your last four (4) employers, starting with the most recent, including military experience:

Employed By: _____ From _____ To _____
Address: _____ Phone (_____) _____
Job Title: _____ Name and Title of Supervisor _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving:_____
Briefly describe the nature and duties of your position: _____

Employed By: _____ From _____ To _____
Address: _____ Phone (_____) _____
Job Title: _____ Name and Title of Supervisor _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving:_____
Briefly describe the nature and duties of your position: _____

Employed By: _____ From _____ To _____
Address: _____ Phone (_____) _____
Job Title: _____ Name and Title of Supervisor _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving:_____
Briefly describe the nature and duties of your position: _____

Employed By: _____ From _____ To _____
Address: _____ Phone (_____) _____
Job Title: _____ Name and Title of Supervisor _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving:_____
Briefly describe the nature and duties of your position: _____

REFERENCES

Give name, address and telephone number of three references who are not related to you.

1. _____ (_____) _____
2. _____ (_____) _____
3. _____ (_____) _____

EDUCATION

High School Name and Location _____
Years completed: 9 10 11 12 Diploma/Degree _____

College/University Name and Location: _____
Years Completed: _____ Diploma/Degree _____
Describe Course of Study: _____

Other - Name and Location: _____
Years Completed: _____ Diploma/Degree _____
Describe Course of Study: _____

JOB QUALIFICATIONS

Please document your attainment of the **Qualifications** listed in the **Job Announcement** for the position for which you are applying. ***You must meet these Qualifications*** in order to be eligible for the position and to take any required written examination.

_____
_____
_____

JOB SKILLS

List any additional licenses, certificates, computer software knowledge, skills, experiences or training that may qualify you for work with the Village.

_____
_____

SOURCE
How did you hear about this employment opportunity? _____

01/2018

PLEASE READ THE FOLLOWING PARAGRAPHS BEFORE SIGNING THIS APPLICATION

- I certify that information contained in this application is true and complete to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the City's service if I have been employed.
- I give the City the right to investigate all references and past employment and to secure additional information about me, if job related. I hereby release from liability the City, its employees and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
- I understand that any employment given to me as a result of my application will require that I undergo a comprehensive background investigation. I agree to cooperate in such investigation. My signature below serves as authorization for the City or any third party (collectively "Investigator") to contact other appropriate sources as a part of a background investigation on me. The City, its employees, the Investigator and any person or entity contacted is hereby released and held harmless based on information obtained or provided and any decision made based on such information obtained. A copy of my signature shall be deemed an original for purposes of obtaining information.
- I understand that either as a condition of the City's pre-employment testing process or as a condition of employment I may be required to submit to a criminal background investigation (excluding expunged juvenile records), complete satisfactorily a physical agility test, physical examination, including testing for drug and/or alcohol use, polygraph testing, psychological testing and credit check. I authorize the release of the results of those tests and exams to the City. I release the City, its employees and all third party contractors from any claim arising out of such exams and tests, and waive all rights to damages of any form I may suffer from submitting to such exams and tests.
- I hereby authorize any Municipal, County, State or Federal Criminal Justice Agency to release information concerning the existence or non-existence of any criminal record information. I agree to hold harmless the City, its employees and those Criminal Justice Agencies and their employees from any action or claim arising out of the release of such information and waive all rights to damages of any form I may suffer from the release of such information.
- I hereby authorize all present and past employers to provide the City of Morrison with all information concerning me in their possession collected under the Omnibus Transportation Employee Testing Act of 1991. This shall include, but not be limited to, information on alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, refusals to be tested, subsequent substance abuse professional evaluations and/or determinations and return-to-duty test results. I hereby release the City of Morrison and its employees, all present and past employers and their employees, from liability for furnishing such information and I waive all rights to damages of any form I may suffer as a result of furnishing such information or on any decision made based upon such information.
- I understand that, just as I can terminate the employment relationship at any time for any reason, so too, the City may terminate my employment or change any term or condition of employment at any time and for any or no reason, with or without notice. I understand that no representative of the City has the authority to make any assurances to the contrary.
- I understand that the City is an Equal Opportunity Employer, the City does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- I understand that it is the City's policy not to refuse to hire a qualified individual with a disability because of that person's need for an accommodation that would be required by the ADA.
- I certify that I have read and understood the foregoing agreement and that no one has made any promise or agreement contrary to it, and agree to be bound by its terms.

SIGNATURE OF APPLICANT _____ **DATE** _____