

APPLICATION FOR EMPLOYMENT



City of Carbondale
200 S. Illinois Avenue
P.O. Box 2047
Carbondale, Illinois 62902-2047
(618) 549-5302
Fax (618) 457-3283
www.explorecarbndale.com

AN EQUAL OPPORTUNITY EMPLOYER

If you require further accommodations to participate in the application or examination process, please inform the Human Resources Office by the closing date on the job announcement.

PLEASE TYPE OR PRINT- ANSWER ALL QUESTIONS- USE INK ONLY

An incomplete application may delay action or disqualify you.

Name _____

Last

First

Middle

Mailing Address _____

Apt. #

City

State

Zip Code

Phone Number _____

Home

Work

Cell

Last four (4) digits of your Social Security Number _____

Disclosure of the last four (4) digits of your social security number (SSN) is voluntary. The SSN is used to track your application and exam materials.

Are you between the ages of 18-70 years? Yes No

Email Address (optional) _____

Please notify the Human Resources Office if any of your contact information changes.

POSITION APPLYING FOR: _____

I learned of this job opening through (check all that applies):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> City Employee (Name) _____ | <input type="checkbox"/> Website |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Channel 16 | <input type="checkbox"/> Other _____ |

Type of work you will accept (check all that apply):

- | | | | |
|-----------|--|-----------|--|
| Full Time | <input type="checkbox"/> Yes <input type="checkbox"/> No | Part-time | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Seasonal | <input type="checkbox"/> Yes <input type="checkbox"/> No | Temporary | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Provide a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. We will evaluate the information that you provide to determine which applicants will be invited to the examination/interview for this position.

GENERAL INFORMATION

Have you ever been employed by the City of Carbondale? Yes No Dates: From _____ To _____

Do you have relatives employed by the City? Yes No

(There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

If yes, indicate (name, department): _____

Driver's License Number: _____ State of Issue: _____

Commercial driver's license number (if applicable): _____

List any other licenses and certifications you currently hold: _____

Are you a citizen of the United States? Yes No

If no, would you be able to provide proof of authorization to work in the United States? Yes No

Federal law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States.

EDUCATION AND TRAINING

	Name, City and State	Did you graduate?	Type of Degree	Course or Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED If no, highest grade completed _____	N/A	N/A
Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University		<input type="checkbox"/> Yes Graduation Mo. & Yr. _____ <input type="checkbox"/> No		

Have you completed an internship/apprenticeship? Yes No If yes, list _____

SPECIAL SKILLS AND QUALIFICATIONS

Office machines you can operate: _____

Describe computer and other equipment operation skills. Include programs used, typing speed and other information relevant to the job for which you are applying: _____

List any special training or machine operation skills that you have gained from employment, training, experience as a volunteer, or through other means: _____

List any foreign languages that you speak and/or comprehend: _____

Check the appropriate skill level

Speak Fluent
 Good
 Fair

Comprehend Fluent
 Good
 Fair

EMPLOYMENT EXPERIENCE

LIST BELOW ALL THE JOBS YOU HAVE HELD IN THE PAST 10 YEARS BEGINNING WITH YOUR PRESENT OR LAST EMPLOYER. ACCOUNT FOR PERIODS OF UNEMPLOYMENT. ATTACH SUPPLEMENTARY PAGES OR USE WHITE PAPER.

Dates of employment (month-year)		Exact Title or Position	
From	To		
Starting Salary or earnings	Average hours per week	Name of employer (firm, organization, etc.)	Address of employer (including ZIP Code, if known)
Final Salary or earnings	# Employees Supervised		
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)	
Reason for leaving			
Description of duties and accomplishments in your work			
Dates of employment (month-year)		Exact Title or Position	
From	To		
Starting Salary or earnings	Average hours per week	Name of employer (firm, organization, etc.)	Address of employer (including ZIP Code, if known)
Final Salary or earnings	# Employees Supervised		
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)	
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Final Salary or earnings	# Employees Supervised		
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)	
Reason for leaving			
Description of duties and accomplishments in your work			

MILITARY SERVICE RECORD

Have you ever been a member of the Armed Services of the U.S.A.? Yes No

If so, what branch of Service? _____ What was your rank? _____

Does your military experience have any relationship to the job for which you are applying? _____

REFERENCES

Give name, address, and phone number of three persons, other than former employers or relatives, who have a definite knowledge of your work.

Name

Address

Phone

NOTICE TO ALL APPLICANTS

Residency Requirements:

Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 1-7 must establish residency within the City Residency Boundary within a six (6) month period following the date of hire and remain residents within the Residency Boundary as a condition of continued employment.

The Residency Boundary includes all of Carbondale, Murphysboro, DeSoto and Makanda Townships and portions of Somerset and Pomona Townships in Jackson County, and portions of Grassy, Carterville and Blairsville Townships in Williamson County.

Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 8 and 9 must establish residency within Carbondale's corporate limits within six (6) month period following the date of their hire and remain residents within Carbondale's corporate limits as a condition of continued employment.

For further information, contact the Human Resource's Office.

AGREEMENT, CERTIFICATION AND AUTHORIZATION

(Please read carefully)

I certify that all statements made in this application are true, complete and correct to the best of my knowledge, and that any false statement shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employer(s) to provide to the City of Carbondale representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the City of Carbondale. I hereby release any current or former employer, its agents or employees, from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my wavier of liability, which are written above, are knowing, intelligent and voluntary acts.

I authorize schools and other educational and technical institutions which I have attended to release my scholastic ratings or records to the City of Carbondale.

I hereby authorize the Carbondale Police Department, the Illinois State Police and/or any other law enforcement agency to release any and all information relating to my criminal record to the Human Resources Division of the City of Carbondale. I agree to release all parties from liability for any damages that may result from furnishing the same to the Human Resources Division of the City of Carbondale. I further agree to hold harmless any law enforcement agency which provides criminal history information about me to the Human Resources Division of the City of Carbondale.

I am willing and understand employment with the City of Carbondale is subject to passing a pre-employment physical examination, which may include drug and alcohol screening that are made by a Physician designated by the City of Carbondale.

I understand that as a condition of employment and within three days of being employed, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

Signature of applicant

Date of application

Notice: All applications must be signed and dated in order to be accepted for consideration.

VOLUNTARY SURVEY

The City of Carbondale Prohibits discrimination in employment in regard to race, color, religion, sex, age, national origin, marital status, sexual orientation, ancestry, physical or mental handicap unrelated to ability or unfavorable discharge from military service.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this information is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this information is optional. If you choose to volunteer the requested information, please note that all information is kept in an Affirmative Action File and is not a part of your Application for employment or personnel file.

**Your Cooperation Is Voluntary. Inclusion Or Exclusion Of Any Data
Will Not Affect Any Employment Decision**

Job Applying For:

Date:

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the Affirmative Action Program. Submission of this information is VOLUNTARY.

Check One:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	AGE
Check one of the following: (Ethnic Origin)			
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander	
Check if any of the following are applicable:			
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual	