



City of Carbondale
 Human Resources
 200 S. Illinois Avenue
 Carbondale, Illinois 62901
 Phone (618) 457-3227
 Fax (618) 457-3288
 Explorecarbondale.com

EMPLOYMENT APPLICATION

| | | | | | |
|--|--------------------|--------------------------|-----------|------------|-------|
| 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. | | | | | |
| Name (Last, First, Middle) | | | | | |
| Mailing Address | | | | | |
| Home Phone | | Work Phone | | Cell Phone | |
| Last four digits of your Social Security Number (Disclosure of your SSN is voluntary) | | Email address (optional) | | | |
| | | Position applying for | | | |
| Are you between the ages of 18-70? | | | Yes | No | |
| I learned of this job opening through (check all that apply): | | | | | |
| City Employee | Friend or Relative | Channel 16 | Website | Newspaper | Other |
| Type of work you will accept (check all that apply): | | | | | |
| Full-time | Yes | No | Part-time | Yes | No |
| Seasonal | Yes | No | Temporary | Yes | 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 that 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? (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.) | | | |
| Yes | No | 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 | | | |
| | <i>Did you graduate?</i> | | <i>Type of Degree</i> |
| High School Name | Yes | No | If no, highest grade completed |
| Course or Major | | | |
| City and State | | | |
| Technical School Name | Yes | No | |
| City and State | | | |
| College or University Name | Yes | No | |
| City and State | | | |
| 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:

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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) From _____ To _____ | Exact Title or Position |
| Average hours per week | Kind of business or organization (manufacturing, accounting, etc.) |
| # of Employees Supervised | |
| Name of employer (firm, organization, etc.) | Address of employer (including zip code) |
| Name of immediate supervisor | Phone number |
| Reason for leaving | |

Description of duties and accomplishments in your work

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|---|--|
| Dates of employment (month-year) From _____ To _____ | Exact Title or Position |
| Average hours per week | Kind of business or organization (manufacturing, accounting, etc.) |
| # of Employees Supervised | |
| Name of employer (firm, organization, etc.) | Address of employer (including zip code) |
| Name of immediate supervisor | Phone number |
| Reason for leaving | |

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 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 a six-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

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 waiver of liability, which are written above, are knowing, intelligent and voluntary acts.

I authorize schools and other educational and technical institutions that 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 provide employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

| | |
|------------------------|---------------------|
| Signature of applicant | Date of application |
|------------------------|---------------------|

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 completing 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 personal file.

Your cooperation is voluntary. Inclusion or exclusion of any date 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. | | | | | |
| Male | Female | Age | | | |
| CHECK ONE (ETHNIC ORIGIN) | | | | | |
| White | Black | Hispanic | Other | American Indian/ Alaskan Native | Asian/Pacific Islander |
| CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE | | | | | |
| Vietnam Era Veteran | | Disabled Veteran | | Handicapped Individual | |