EMPLOYMENT APPLICATION

An Equal Opportunity Employer

We welcome and appreciate your interest in employment with the City of Elgin. We are an equal opportunity employer. No question on this application is intended to secure information for discriminatory purposes.

Applicant understands that this application, resume, and any other documents attached become the property of the City of Elgin, and may be subject to release under the Public Information Act.

Please Print Legibly or Type. Apply only for current open positions.

Today's Date: _____ Position Applied For: _____ Job ID # (ex. 24-015): _____

First Name: _____ Last: _____ Desired Salary: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Education:

High School: _____ Graduated? ☐ Yes ☐ No If No, G.E.D. received? ☐ Yes ☐ No

College Name/City: _____ Field of Study: _____

Degree? ☐ Yes ☐ No Degree Type: _____ Currently Enrolled? ☐ Yes ☐ No

Additional/Vocational School Name:	Location:	Area of study:	Degree or Certificate:

Have you served in the military? ☐ Yes ☐ No If **Yes**, attach DD Form 214

Professional Licenses/Certifications/Registrations:

Submit a copy of the required certification with this application.

Type: _____ Number: _____ Iss. State/Agency: _____ Exp: _____
Type: _____ Number: _____ Iss. State/Agency: _____ Exp: _____

Has your license/certification ever been denied, revoked, suspended, or subject to discipline? ☐ Yes ☐ No

If **Yes**, please explain: _____

Are you bilingual? ☐ Yes ☐ No Language: _____ ☐ Speak ☐ Read ☐ Write

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying that are not otherwise listed on this application? Please list them here.

_____

_____

Revised: 3/22/2024

EMPLOYMENT HISTORY

List all employment for at least the past ten (10) years. Begin with your **present position** and work backwards. Attach additional sheets if necessary. **If typing, please ensure all of your text is visible on the line**.

From: ________ To: ________ Job Title: ______________________________ Employer: ______________________

City/State: ________________ Supervisor: ____________________ Contact Info: ______________________

Essential Job Duties:

Reason for leaving: ____ Ending Salary: ____________

From: ________ To: ________ Job Title: ______________________________ Employer: ______________________

City/State: ________________ Supervisor: ____________________ Contact Info: ______________________

Essential Job Duties:

Reason for leaving: ____ Ending Salary: ____________

From: ________ To: ________ Job Title: ______________________________ Employer: ______________________

City/State: ________________ Supervisor: ____________________ Contact Info: ______________________

Essential Job Duties:

Reason for leaving: ____ Ending Salary: ____________

From: ________ To: ________ Job Title: ______________________________ Employer: ______________________

City/State: ________________ Supervisor: ____________________ Contact Info: ______________________

Essential Job Duties:

Reason for leaving: ____ Ending Salary: ____________

Revised: 3/22/2024

Additional Information (answer ALL questions):

1. Are you legally eligible for employment in the U.S.A? ☐ Yes ☐ No
2. Are you at least 18 years of age? (15 if applying for lifeguard or other seasonal position) ☐ Yes ☐ No
3. If required for the applied job, do you have a current and valid driver's license? ☐ Yes ☐ No

   DL Number: _____ State: _____ Class: _____ Exp. Date: _____

   *Has your driver's license been revoked/suspended/restricted during the last seven (7) years? ☐ Yes ☐ No

   If **Yes,** please explain: _____
4. Are you currently on "layoff" status and subject to recall? ☐ Yes ☐ No
5. How were you referred to the City of Elgin? _____
6. Have you previously worked for any department of the City of Elgin? ☐ Yes ☐ No

   If **Yes**, year: _____ Position: _____ Department: _____
7. Are you related to or affiliated with anyone working for the City of Elgin or a member of the City Council? ☐ Yes ☐ No

   If **Yes**, department: _____ Name: _____ Relationship: _____
8. Have you ever been disciplined/discharged by any employer for:

   Theft ☐ Yes ☐ No **Fighting/Assault** ☐ Yes ☐ No **Violation of Safety Rules** ☐ Yes ☐ No

   If **Yes** to any, name and address of employer and circumstances: _____

   _____
9. Have you been dismissed/asked to resign from any job whether on this application or not? ☐ Yes ☐ No

   If **Yes**, name and address of employer and circumstances: _____

   _____
10. Have you ever been convicted, plead guilty, no contest, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanor or felony), in any court other than Juvenile Court?

    Yes ☐ No ☐

    If **Yes,** attach supplemental form Criminal History and Conviction Record. Failure to attach supplemental form will result in **disqualification** of this application.

Release and Authorization – Read carefully and initial each statement before signing.

Initial:

_____ I certify that I have made no willful misrepresentation in this application, my resume or any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have submitted is true, correct, and complete.

_____ If selected for the position I have applied for in this application, I understand that I will be required to undergo a background screening, that may include verification of prior employment, education, references, criminal history, fingerprinting, driving record, credit history, and drug screening

In connection with my application for employment with the City of Elgin, I authorize any and all employers (former and present), coworkers, references, credit reporting agencies, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to disclose in good faith any information about my background that they may have regarding my qualifications and fitness for employment. I further authorize the City of Elgin, if I am hired, to request the same information about me for employment-related purposes, at any time during the course of my employment to the extent allowed by law, free from any liability for the exchange of this information and any other reasonable and necessary information. I agree that this Disclosure and Release will be valid, now or in the future, in original, faxed, copied or electronic form and authorized by my signature below.

Signature: _____ Date: _____