



# 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.

**\*\*Active Applications:** Active applications are kept on file for 2 years from the date of receipt. One application per position may be accepted. An Active application is any application being submitted for a current listed open position within the City. An application submitted for "any", a position that is not currently open, or any incomplete application will not be considered "Active" for the purposes of Local Government Retention Schedules and will be disposed of as soon as no longer needed for immediate operations.

**Applicants are required to submit accurate, complete and truthful information in response to questions on this application, on a resume, and other information provided, including post-offer medical history information and information related to the post-offer drug test provided by the City's designated clinician. Failure to do so will be grounds for rejection of this application. Applicants must provide supplemental written information where necessary to accurately and completely respond to questions.**

This form is part of the examination process. Before completing the application, consider the duties of the job and minimum qualifications for the specific job for which you are applying (with or without reasonable accommodation). You must meet the minimum qualifications of the position to be considered for the next step, so be sure to list all relevant experience whether paid or unpaid, full or part time, intern or volunteer status. **\*\***(see note at end of application)

**The City of Elgin reserves the right to disqualify any application which is incomplete.** This means all spaces must be filled out. If it doesn't apply, please right N/A in the space. This application may be completed at your convenience; however, failure to provide required documents by the published recruitment deadline (if applicable) may result in disqualification. All applicants are required to complete an application form prior to interviewing for a position. (Resumes will not be accepted in lieu of completing the application but may be attached.)

**Answer all questions completely and accurately. Notify us promptly of any changes to the information indicated here.**

**Please Print or Type**

Today's Date \_\_\_\_\_

Position Applied For \_\_\_\_\_ Social Security # (Last 4 only) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

E-mail address \_\_\_\_\_

Have you ever used another name for work, school or other purposes?  Yes  No **If yes, provide below:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Education History**

Submit copy of transcript or diploma for highest level of education obtained with this application.

High School: School name/City \_\_\_\_\_ Graduated? \_\_\_\_ Yes \_\_\_\_ No. If no, last grade completed \_\_\_\_\_

G.E.D. received? \_\_\_\_ Yes \_\_\_\_ No Test Center: Name/City \_\_\_\_\_

College: School name/City \_\_\_\_\_ Field of Study \_\_\_\_\_

Degree? \_\_\_\_ Yes \_\_\_\_ No Degree Type \_\_\_\_\_

**Additional Academic/Vocational/Business Education**

Name of School/City	Areas of Study	Trade School or College Sem. Hrs	Type of Certificate Received	Type of Degree Received

**Driver's License Information**

If the minimum requirements listed on the job description for which you are applying require a driver's license of any kind, please complete this section. If your position requires a CDL, make sure that is included in the license information you submit:

Do you have a current and valid driver's license? \_\_\_\_ Yes \_\_\_\_ No

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

List all the restrictions on your current driver's license: \_\_\_\_\_

Has your driver's license been revoked, suspended, or restricted during the preceding three (3) years? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain circumstances and disposition \_\_\_\_\_

Driver's license information will be verified by the Human Resources Department if an offer is extended Verified by: \_\_\_\_\_

**Traffic Offenses and Citations**

Have you received any traffic offenses or citations during the preceding five (5) years, excluding only parking tickets. \_\_\_\_ Yes \_\_\_\_ No

If yes, explain circumstances and disposition.

Offense/Citation	Date	City/State	Circumstance	Disposition

**Employment History**

All applicants' employment history will be checked for a minimum of two previous employers, or for the past ten years, whichever is greater. List all employment (including military service) for at least the past 10 years or for your last 2 employers, whichever is greater. Begin with your present position and work back. Remember to fill in ALL blanks. Please do not put "see resume".

**Explain any gaps in employment, school, or military service dates.** Attach additional sheets as needed.

*OPTIONAL: Additional information on your training and/or experience, which relates to the job opening, may be provided on attached sheets.*

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor Name / Phone \_\_\_\_\_ Co-Worker Name / Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor Name / Phone \_\_\_\_\_ Co-Worker Name / Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor Name / Phone \_\_\_\_\_ Co-Worker Name / Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor Name / Phone \_\_\_\_\_ Co-Worker Name / Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

**Professional Licenses/Certifications/Registrations:**

Submit a copy of the required certification with this application.

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your license/certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional authority?

\_\_\_\_ Yes \_\_\_\_ No **If yes, explain circumstances and disposition** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Answer yes or no to the following questions, use "Additional Information" section and attach additional sheets as needed.**

1. Are you legally eligible for employment in the U.S.A? \_\_\_\_ Yes \_\_\_\_ No (If yes, verification will be required)

2. Are you at least 18 years of age? (15 if applying for lifeguard or other seasonal employment) \_\_\_\_ Yes \_\_\_\_ No

3. How were you referred to the City of Elgin? \_\_\_\_\_

4. Are you currently on "layoff" status and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

5. Have you previously worked for any department of the City of Elgin? \_\_\_\_ Yes \_\_\_\_ No

**If yes, what year?** \_\_\_\_\_ **Position?** \_\_\_\_\_ **Department** \_\_\_\_\_

6. Are you related to anyone working for the City of Elgin? \_\_\_\_ Yes \_\_\_\_ No

**If yes, complete the following:**

Department \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Department \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

7. a.) Have you ever been disciplined or discharged for theft or related offenses by any employer? \_\_\_\_ Yes \_\_\_\_ No

**If yes, state name and address of employer and explain the circumstances.** \_\_\_\_\_

\_\_\_\_\_

b.) Have you ever been disciplined or discharged for fighting, assault or related behavior by any employer? \_\_\_\_ Yes \_\_\_\_ No

**If yes, state name and address of employer and explain the circumstances.** \_\_\_\_\_

\_\_\_\_\_

c.) Have you ever been disciplined or discharged for insubordination or violation of safety rules? \_\_\_\_ Yes \_\_\_\_ No

**If yes, state name and address of employer and explain the circumstances.** \_\_\_\_\_

\_\_\_\_\_

d.) Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons?

\_\_\_\_ Yes \_\_\_\_ No **If yes, state name and address of employer and explain the circumstances.** \_\_\_\_\_

\_\_\_\_\_

8. Have you served in the military? \_\_\_\_Yes \_\_\_\_No **If yes, what branch of the military?** \_\_\_\_\_

**If yes, how many years of military service do you have?** \_\_\_\_\_ **Discharge status:** \_\_\_\_\_

9. If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

10. Are there any other experiences, skills, or qualifications which will be of special benefits in the job for which you are applying that are not otherwise listed on this application? If so, please list them here: \_\_\_\_\_

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**This is not the end of the application. Please see the following pages for Criminal History/Conviction Record/Release and Authorization Form/Signature Page**

**THIS SPACE INTENTIONALLY LEFT BLANK**

**Criminal History / Conviction Record**

*Failure to fully complete this form shall result in your disqualification in the applicant process, or if hired, termination.*

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**, complete sections below, in detail.

A conviction will not automatically exclude you from consideration for employment. Your criminal record, the nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position shall be considered.

The information sought on this form will be used solely for the purpose of assisting the City of Elgin in conducting a criminal history check. More information may be necessary to complete the investigation and failure to provide such information on request will disqualify you from further consideration for employment.

**Please complete this section if you have ever been convicted of, plead guilty to, no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanor and/or felony) in any court other than Juvenile Court.**

Full Name: (Print) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Criminal Offense: \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_

Date: \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Include additional information below as needed.*

**Sentence**

Probation, deferred adjudication or other form of pre-trial diversion? \_\_\_\_Yes \_\_\_\_No

Jail \_\_\_\_Yes \_\_\_\_No Fine \_\_\_\_Yes \_\_\_\_No **If yes**, amount \$ \_\_\_\_\_

Other \_\_\_\_Yes \_\_\_\_No **If yes**, explain \_\_\_\_\_

**Reporting Requirements**

Parole/Probation Officer: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

If on Parole/Probation, ending date: \_\_\_\_\_

**Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*To provide information, please add additional sheets as required.*

**RELEASE AND AUTHORIZATION – READ CAREFULLY AND INITIAL BEGINNING OF EACH STATEMENT BEFORE SIGNING THE BOTTOM**

\_\_\_\_ 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. I am aware that the information given by me in my application may be investigated.

\_\_\_\_ I agree to provide supplemental information if requested by the City of Elgin's designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City's designated physician are grounds for rejection of this application and, should I be employed, may be grounds for dismissal.

\_\_\_\_ I understand that if any information provided on this form or others should change between the date I submit this application and the date of any employment offer and/or hire date, that I must communicate those changes in writing to the Human Resources Department or designee in a timely manner.

\_\_\_\_ I further understand that this application, resume, and any other documents attached become the property of the City of Elgin and will not be returned. I voluntarily authorize, and request, without reservation, any party or agency contacted by the City of Elgin (including present and prior employers) to furnish requested information, such as employment, performance, salary history and rehire status to support my application for employment.

**NOTICE OF CONDITIONS OF EMPLOYMENT**

If selected for the position I have applied for in this application, I understand that I will be required to undergo a criminal background check and may undergo a credit history check. I understand that I will be required to pass a post-offer drug & alcohol screening and agree to abide by the City's Drug & Alcohol Policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*NOTE: In accordance with City Ordinance and Personnel Policy, the City Manager has the authority to waive any published required qualifications or experience for the position, if he/she feels it is in the best interest of the City to do so. The City Manager is the only person who has this authority and any waivers will be in writing and attached to candidate's application if applicable.**