



Village of South Jacksonville

301 DEWEY DRIVE, SOUTH JACKSONVILLE, ILLINOIS 62650
PHONE: 217-245-4803 ❖ FAX: 217-245-5641



EMPLOYMENT APPLICATION

- **It is the policy of the Village of South Jacksonville to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age or disability.**
- ***IF YOU ARE A POLICE APPLICANT, attach a head-and-shoulders photo to the upper right corner of this page of the application.***
- **PLEASE ATTACH A RÉSUMÉ TO THIS APPLICATION.**
- **IMPORTANT NOTICE:**
Because your ability to complete this document as requested will be evaluated and used as one basis for employment decisions, it is essential that you read and clearly understand the instructions which accompany this form. Any unanswered questions or incomplete/omitted answers may result in rejection of your application. Additionally, any false statements and/or deliberately evasive answers will be grounds for rejection of this application or your dismissal at a later date.

PLEASE CHECK THE DEPARTMENT(S) FOR WHICH YOU ARE SUBMITTING AN APPLICATION:

- Water/Sewer Department**
 Police Department
 Street Department
 Fire/Rescue Department
 Clerical/Office
 Other

FOR WHAT TYPE OF POSITION ARE YOU APPLYING?

- Full-time**
 Part-time
 Temporary

NAME _____
(Last) (First) (Middle Initial) (Maiden Name)

CURRENT ADDRESS _____
(Street Address)

(City) (State) (Zip)

IF YOU HAVE LIVED AT ABOVE ADDRESS LESS THAN 12 MONTHS, LIST PREVIOUS ADDRESS:

(Street) (City) (State) (Zip)

TELEPHONE (include area code) _____

SOCIAL SECURITY No. _____

ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT IN THIS COUNTRY? **Yes** **No**
(Proof of citizenship or immigration status will be required upon employment.)

IF EMPLOYED AND YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT? Yes No

DO YOU HAVE ADEQUATE MEANS OF TRANSPORTATION TO GET TO WORK ON TIME EACH DAY AND WHEN CALLED TO WORK ON SHORT NOTICE? Yes No

DO YOU HAVE A VALID ILLINOIS DRIVER'S LICENSE? Yes No

ILLINOIS DRIVER'S LICENSE NUMBER: _____

Do you have a valid driver's license from another state? Yes No

If YES, list state & driver's license # _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? Yes No

If YES, give the reason and date: _____

HAVE YOU EVER BEEN FOUND GUILTY OF, OR PLEAD GUILTY TO ANY OFFENSE, INCLUDING TRAFFIC CHARGES, BUT EXCLUDING PARKING TICKETS? Yes No

If YES, give date and detail of each conviction. (A conviction record does not automatically disqualify a person from employment. The nature of the crime will be considered in relation to the position for which you are applying.)

HAVE YOU SERVED IN THE MILITARY? Yes No

If YES, state the type of military discharge received. (A less than honorable discharge does not automatically disqualify a person from employment. The circumstances of the discharge will be considered in relation to the position for which you are applying.)

HAVE YOU EVER USED ILLEGAL DRUGS? Yes No

If YES, please explain: _____

<p>ANSWER QUESTIONS IN THIS BOX ONLY IF YOU ARE APPLYING FOR A POLICE OFFICER POSITION:</p> <p>ARE YOU 21 OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HAVE YOU EVER APPLIED FOR A JOB WITH ANOTHER LAW ENFORCEMENT AGENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, STATE AGENCY NAME(S) AND DATE(S) APPLIED: _____</p> <p>_____</p>
--

DATE YOU CAN BEGIN WORK _____

NUMBER OF DAYS NOTICE YOU INTEND TO GIVE YOUR CURRENT EMPLOYER: _____

CAN YOU WORK VARIOUS SHIFTS? Yes No

Example of shifts: (7:00 A- 3:00 PM) (3:00 PM-11:00 PM) (11:00 PM - 7:00 AM)

CAN YOU WORK OVERTIME WHENEVER SCHEDULED OR REQUESTED? Yes No

Comments: _____

CAN YOU WORK WEEKENDS WHENEVER SCHEDULED OR REQUESTED? Yes No

Comments: _____

SPECIAL SKILLS YOU POSSESS (ELECTRICAL, MECHANICAL, CLERICAL OR TECHNICAL):

ALL APPLICANTS PLEASE COMPLETE THIS SECTION:

Typing/Keyboarding Experience: Yes No Approximate WPM_____

Shorthand Experience: Yes No Approximate WPM_____

Computer experience or skills: _____

Software competencies: _____

Hardware competencies: _____

Number of years of computer experience:_____ Do you own a computer? Yes No

How often do you use a computer? Daily Occasionally Rarely

Which software programs do you use the most? _____

Business machines or equipment you can operate

- | | | |
|---|--|--|
| <input type="checkbox"/> Copying Machine | <input type="checkbox"/> Facsimile Machine | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Adding Machine | <input type="checkbox"/> Multiple Line Phone (PBX) | <input type="checkbox"/> Postage Meter |
| <input type="checkbox"/> Scanner | <input type="checkbox"/> Dictaphone/Transcriber | <input type="checkbox"/> TTY machine |
| <input type="checkbox"/> Electric Typewriter | <input type="checkbox"/> Computer Printer | |
| <input type="checkbox"/> Other (describe) _____ | | |

Can you be bonded (insured) to handle money? Yes No

LONG RANGE OCCUPATIONAL GOALS: _____

AFTER HAVING BEEN PROVIDED A JOB DESCRIPTION OF THE JOB FOR WHICH YOU ARE APPLYING AND HAVING REVIEWED THE ESSENTIAL FUNCTIONS OF THE JOB, CAN YOU PERFORM ANY AND ALL ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT A REASONABLE ACCOMMODATION? Yes No

EDUCATION	NAME OF SCHOOL AND YEAR GRADUATED, IF APPLICABLE	YEAR(S) ATTENDED	SCHOOL LOCATION (ADDRESS, CITY, STATE, ZIP)	MAJOR SUBJ, DEGREE EARNED
HIGH SCHOOL				
COLLEGE				
OTHER SCHOOLS OR TRAINING				

(Amount of education considered necessary will vary according to job applied for.)

EMPLOYMENT HISTORY

Starting with your current employer, list all previous employers for whom you have worked during the last five (5) years. WE MAY CONTACT YOUR PREVIOUS EMPLOYERS BY MAIL, PLEASE GIVE COMPLETE ADDRESSES INCLUDING ZIP CODE.

① COMPANY NAME:		ADDRESS:	
		CITY, STATE, ZIP:	
SUPERVISOR:		WORK PHONE:	
DATES - FROM:	To:	LAST POSITION:	
LAST SALARY:		REASON FOR LEAVING:	
② COMPANY NAME:		ADDRESS:	
		CITY, STATE, ZIP:	
SUPERVISOR:		WORK PHONE:	
DATES - FROM:	To:	LAST POSITION:	
LAST SALARY:		REASON FOR LEAVING:	
③ COMPANY NAME:		ADDRESS:	
		CITY, STATE, ZIP:	
SUPERVISOR:		WORK PHONE:	
DATES - FROM:	To:	LAST POSITION:	
LAST SALARY:		REASON FOR LEAVING:	
④ COMPANY NAME:		ADDRESS:	
		CITY, STATE, ZIP:	
SUPERVISOR:		WORK PHONE:	
DATES - FROM:	To:	LAST POSITION:	
LAST SALARY:		REASON FOR LEAVING:	

IF YOU NEED ADDITIONAL SPACE TO COMPLETE A FIVE YEAR EMPLOYMENT HISTORY, USE THE BACK OF THIS PAGE AND CHECK HERE:

PLEASE COMMENT BRIEFLY BELOW REGARDING LAPSES IN EMPLOYMENT, IF APPLICABLE:

HAVE YOU EVER BEEN FIRED, INVOLUNTARILY TERMINATED OR ASKED TO RESIGN? Yes
 No

If YES, give name of employer, date of employment, and reason for dismissal or termination:

List any information you want us to know before we contact your previous employers:

PERSONAL REFERENCES

List below the name, current address (including zip code), and telephone number (including area code) for four (4) individuals who will provide a personal reference for you.

DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone (include area code)	Phone (include area code)
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone (include area code)	Phone (include area code)

**Are you related to any current employee or elected official with the Village? Yes _____
No _____**

If the answer is yes, please identify the employee or elected official and state your relationship. _____



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AGREEMENT AND RELEASE

(Please read carefully before signing)

The facts set forth in this Personal History Statement are true, complete and correct. I hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Village of South Jacksonville, whether the said records are of a public, private, or confidential nature. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, will be considered in determining my suitability for employment by the Village of South Jacksonville. I understand that during the selection or employment process, false statements on this application shall be considered sufficient cause for rejection of my application or termination of my employment at a later date. Such information shall become the property of the Village of South Jacksonville.

I hereby authorize my current/former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I hereby authorize the individuals listed as personal references to release any personal information that may pertain to my work habits or work performance. I hereby authorize the release of attendance, performance, and grade information from any schools/colleges/technical training institutions (public or private) that I attended.

I understand and agree that should I enter into any employment relationship with the Village of South Jacksonville, such employment relationship is terminable at will. Accordingly, I acknowledge that any employee handbook I receive is not a contract of employment, nor does the handbook confer any employment rights. I understand that an employment relationship with the Village of South Jacksonville may be terminated with or without cause at any time.

I understand that the Village will require applicants for employment to take a urinalysis or blood test for drug and alcohol screening as part of a pre-employment physical examination, and that any offer of employment with the Village of South Jacksonville is conditional upon the results of my physical examination (including urinalysis or blood tests for drug or alcohol screens) being satisfactory.

(Date)

(Applicant's PRINTED NAME)

(Social Security Number)

(Applicant's Printed Address)

(Applicant's Signature)

(Applicant's Printed City, State, and Zip Code)