

CITY OF WAVERLY, ILLINOIS APPLICATION FOR EMPLOYMENT

The City of Waverly considers applicants for all positions without regard to race, color, religion, creed, gender, sexual identity, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied for: _____ Date of Application: _____

How Did You Learn About Us?

Advertisement Friend Walk-In Employment Agency Relative
 Other

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Social Security Number _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony or misdemeanor? Yes No
Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

HIGH SCHOOL

Name of High School _____

Address of High School: _____

Did you graduate from high school? Yes: _____ No: _____ If yes, when did you graduate? _____

If no, which grade did you complete? _____ When did you complete that grade? _____

COLLEGE

Did you attend a college/university? _____

If yes, please state the name of the college/university: _____

Address of college/university: _____

Number of years attended: 1 2 3 4. Did you receive a degree or diploma? _____ When? _____

OTHER POST-HIGH SCHOOL EDUCATION

Did you attend a trade or technical training school? _____

If yes, please state the name of the school: _____

School Address: _____

Number of years attended: 1 2 3 4. Did you receive a degree or diploma? _____ When? _____

POST COLLEGE EDUCATION

Did you attend a graduate school? _____

If yes, please state the name of the graduate school: _____

School Address: _____

Number of years attended: 1 2 3 4. Did you receive a degree or diploma? _____ When? _____

Please list the nature of any degrees or diplomas you received and the date you received each degree or diploma which you believe makes you qualified for employment at The City of Waverly in the position for which you are applying: _____

Indicate any foreign languages you can speak, read and/or write.

Speak _____ FLUENT _____ GOOD _____ FAIR

Read _____ FLUENT _____ GOOD _____ FAIR

Write _____ FLUENT _____ GOOD _____ FAIR

Describe any specialized training, apprenticeship, skills and extra-curricular activities that may relate to your qualifications for the job for which you are making application.

Describe any job-related training received in the United States military.

EMPLOYMENT & RELATED EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Do not exclude any employment or work

1. Employer: _____ Dates Employed: From _____ To _____

Address: _____

Telephone Number(s): _____ Starting Salary: _____

Ending Salary: _____

Job Title: _____ Supervisor: _____

Work Performed: _____

2. Employer: _____ Dates Employed: From _____ To _____

Address: _____

Telephone Number(s): _____ Starting Salary: _____

Ending Salary: _____

Job Title: _____ Supervisor: _____

Work Performed: _____

3. Employer: _____ Dates Employed: From _____ To _____

Address: _____

Telephone Number(s): _____ Starting Salary: _____

Ending Salary: _____

Job Title: _____ Supervisor: _____

Work Performed: _____

4. Employer: _____ Dates Employed: From _____ To _____

Address: _____

Telephone Number(s): _____ Starting Salary: _____

Ending Salary: _____

Job Title: _____ Supervisor: _____

Work Performed: _____

If you need additional space, please continue on a separate sheet of paper.

If there are any gaps in your employment, please explain:

List professional, trade, business or civic activities and offices held which you believe may relate to your qualifications for which you are making application.

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. I understand that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Waverly is of an “*at will*” nature, which means that I may resign at any time and the City may discharge me at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the City.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that the City requires applicants for employment to take a drug and alcohol screening test as part of a pre-employment physical examination, and that any offer of employment with the City is conditional upon the results of my test for drugs or alcohol being satisfactory. I further understand that if I am employed with the City, I will be required to submit to a drug or alcohol test if the City has a reasonable suspicion that I am under the influence of alcohol or drugs. I agree to execute any documents required of me to release the results of drug and alcohol testing to the City.

I understand that in processing this employment application, the City may perform or have performed an investigation into my criminal background, character and general reputation, and that any offer of employment with the City is conditional upon the results of the investigation being satisfactory. I give the City permission to conduct an investigation into my criminal background, character and general reputation.

Signature of Applicant

Date

**CITY OF WAVERLY
DRUG AND ALCOHOL CONSENT AND WAIVER OF LIABILITY**

I hereby acknowledge receipt of the City of Waverly, Illinois Personnel Manual which specifically includes a Drug and Alcohol Policy (Policy #106). I agree to be subject to the terms of that policy.

I understand that my person, as well as any personal property and automobiles I bring onto the premises owned or leased by the City of Waverly, is subject to search and inspection pursuant to these policies and I specifically consent to said searches.

I accept the method of specimen testing set forth in the Drug and Alcohol Policy and I agree to cooperate in furnishing urine and/or blood specimens that may be required from time to time.

I further agree and consent to disclosure of the specimen, sampling, testing and results to the City of Waverly pursuant to the Drug and Alcohol Policy and will execute any forms necessary to accomplish disclosure.

I further agree to release and hold the City of Waverly and its agents harmless from any and all liability that may result from a search of my personal property or any drug or alcohol testing of me conducted pursuant to this policy.

Date

Employee Name (Printed)

Witness

Employee Signature