

Employment Application

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, religion, sex, sexual orientation, gender, gender identity or expression, pregnancy or medical condition related to pregnancy or childbirth, national origin, ancestry, age, marital status, disability, military status, unfavorable discharge from military service, arrest record, citizenship status or any other legally protected status.

Date of Application	n					
Position(s) applied	l for					
Referral Source:			list whom)			
Name Last		First	N	Middle		
Address						
No.	Street	City	State	Zip Code		
Email Address						
Telephone Numbe	er ()					
status? □ Yes □ □N Have you filed an :	No (proof of citizenship of application or worke	or employment eligibility of the distribution	country because of Vis will be required upon empl	oyment.)		
		ons of the job or have ns of the job? □ Yes	you been shown a copy □ No	y of the job		
Can you perform t	hese essential function	ons with or without re	easonable accommodat	ion? □ Yes □ No		
Can you perform t Are you applying f		ons with or without re	easonable accommodat □ Temporary/Seaso			
Are you applying f						
Are you applying f	for: Full time					

DU	ran or the C.S. Wh	ilitary Service? 🗆 Ye	S 🗆	No	If yes, w	hat Br	anc	h?_		
	JCATION									
		Name & Location of	of So	chool	Major/Degre		Con	ears iple	ted	Did you graduate?
Hi	gh School					9	10	11	12	□Yes □No
Co	llege/University					1	2	3	4	□Yes □No
Co	llege/University					1	2	3	4	□Yes □No
<u>O+</u> '	han Tuaining on									
	her Training or ucation:									
		<u> </u>								
ON	1PTUER SKILL	AS Years of Experience				Year	s of	Exp	erier	nce
	Word	•		Othe	r:			•		
	Excel			Othe	r:					
	Power Point			Othe	r:					
	Outlook			Othe	r:					
	Internet			Othe	r:					
n y am reg atu	ears include milit es that indicate ra nancy or medical as, disability, milit	lowing requested info tary service assignme ace, color, religion, se condition related to p tary status, unfavoral gally protected status.	ents x, se preg ole d	and vo exual o gnancy	olunteer activities prientation, gend or childbirth, na	s. You er, ger tional	may der orig	exe ide gin a	clude ntity inces	organization or expression, stry, age, marita
Most Recent OR Current Employer				Address						
Dates Employed From: T0:				Telephone May we contact this employer? □Yes □No						
Fro		Starting Position (Describe duties)			Position on Leaving (Describe duties)			CI •		s □No
	arting Position (D	escribe duties)			Position on Leav					

Previous Employer	Address				
Dates Employed From: T0:	Telephone				
Starting Position (Describe duties)	Position on Leaving (Describe duties)				
Name and Title of Supervisor	Reason for Leaving				
Previous Employer	Address				
Dates Employed From: T0:	Telephone				
Starting Position (Describe duties)	Position on Leaving (Describe duties)				
Name and Title of Supervisor	Reason for Leaving				
Previous Employer (Optional)	Address				
Dates Employed From: T0:	Telephone				
Starting Position (Describe duties)	Position on Leaving (Describe duties)				
Name and Title of Supervisor	Reason for Leaving				
Have you ever been employed or educated un f yes, please list other aliases:					
Have you ever been discharged by an employ f yes, please explain all terminations:					

List all periods during	which you were unem	oloyed:					
How did you spend this time? If you need additional space, please attach a separate sheet							
<i>J J</i>	If you need a	dditional space, please a	ttach a separate sheet				
List professional, trade would revel race, color pregnancy or medical o status, disability, milita status or any other lega	, religion, sex, sexual o condition related to pro ary status, unfavorable	rientation, gender, ge egnancy or childbirth	ender identity or expr , national origin ance	ession, stry, age, marital			
REFERENCES: List May we contact your references?	3 business references, □ Yes □ No	including at least two	o direct Supervisors.				
Name	Business	Telephone Number	Address	# of Years Acquainted			
1.				•			
2.							
3.							
.							
I certify that I have personal complete to the best of my lunfavorably. I understand dismissal regardless of whe facts set forth in this applic felony, or any crime involvimy job application is pendi. I authorize the City of Counauthorized regarding employed held liable in any respect statements, omissions or an I understand that I will be a I understand that this applicity of Country Club Hills is relationship at any time wit continued on that basis. I uthe foregoing. I hereby ack	knowledge and that I have that if I am employed, false in discovered. I authorize that in I agree to immediate ation. I agree to immediate ing dishonesty, breach of tring, or during my period of atry Club Hills to contact national record if a job offer is not extend aswers made by me on this required to provide acceptance cation does not create a constant without prior notice anderstand that no supervise it is a supervise and that the supervise it is a supervise in the supervis	withheld nothing that, if of a statements, omissions of he City of Country Club Fely notify the City of Courtust, controlled substances employment, if hired. The amed employers and referred. I agree that this munited, is withdrawn or my enapplication. The above the municipal for any reason not propor or City Management of the country of the municipal for any reason not propor or City Management of the country country of the municipal for any reason not propor or City Management of the country country country of the country country country of the country coun	disclosed, would affect this r misrepresentations may Hills to make an investigation of the try Club Hills, if I should so, sexual misconduct, abuse rences to verify any informational cipality and my previous employment is terminated by three days of the start of renderstand that, if hired, employing the politic can terminate the emphibited by statute. All empther than the Mayor has a	s application result in my ion of any of the be convicted of a se or violence, while nation where employers shall not because of false my employment. mployment at the apployment bloyment is			
First Name <i>(print)</i>	Middle Initia	l Last I	Name				
Signature		Date					