



**EMPLOYMENT APPLICATION
FOR THE CITY OF LOCKPORT
AN EQUAL OPPORTUNITY EMPLOYER**

It is the City of Lockport's policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of the City of Lockport are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the city's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon the organization and to recognize that he/she is subject to additional public scrutiny in his/her public and personal lives.

PLEASE PRINT IN INK

NAME (As it appears on Social Security Card/Work Permit Card)	FIRST MI LAST		
ADDRESS			
CITY, STATE, ZIP			EMAIL:
HOME TELEPHONE	CELL NUMBER:		
	ARE YOU AT LEAST 18 YEARS OLD <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:			
REFERRED FOR THIS POSITION BY:	DATE AVAILABLE:		
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? DEPARTMENT:			
SUPERVISOR:		REASON FOR LEAVING:	
ARE YOU RELATED TO ANYONE WHO CURRENTLY OR PREVIOUSLY HAS WORKED FOR THE CITY OF LOCKPORT? <input type="checkbox"/> NO <input type="checkbox"/> YES IF SO, PLEASE PROVIDE THE NAME OF THE PERSON.			



IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

I HAVE A VALID DRIVER'S LICENSE
 YES NO
 D.L. # _____ STATE _____

CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

YES NO

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

From: _____ To: _____
 Branch of Service _____
 Dates Served _____ Type of Discharge _____

EDUCATION / SKILLS

EDUCATION LEVEL	NAME	CITY	STATE	YEARS COMPLETED	HOURS/UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL							
COMMUNITY/JUNIOR COLL							
BUSINESS OR TRADE SCHOOL							
COLLEGE OR UNIVERSITY							
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With the Software		
Word Processing		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 7-YEAR WORK HISTORY AND MUST BE COMPLETED, EVEN IF SUPPLEMENTED BY A RESUME. LIST YOUR MOST RECENT EMPLOYER FIRST, INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL - YRS _____ MOS. _____ YOUR POSITION _____

EMPLOYER _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL - YRS _____ MOS. _____ YOUR POSITION _____

EMPLOYER _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL - YRS _____ MOS. _____ YOUR POSITION _____

EMPLOYER _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGES, IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
DAYTIME PHONE	DAYTIME PHONE
RELATIONSHIP (no relatives)	RELATIONSHIP (no relatives)
NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
DAYTIME PHONE	DAYTIME PHONE
RELATIONSHIP (no relatives)	RELATIONSHIP (no relatives)

EMERGENCY CONTACT

NAME _____	RELATIONSHIP _____
ADDRESS _____	CITY, STATE, ZIP _____
HOME PHONE _____	BUSINESS PHONE _____

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYER(S) YES NO
MY PAST EMPLOYERS YES NO

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted. Prior criminal convictions will not absolutely prohibit or bar an offer of employment, but will be considered only in relation to specific job requirements.

In accordance with 705 ILCS 405/5-293, as so amended, the applicant is not obligated to disclose expunged juvenile records or adjudication or arrest, or conviction and the City of Lockport cannot ask if an applicant has had a juvenile law enforcement or juvenile court record expunged.

I hereby authorize the City of Lockport, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the City of Lockport and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release the City of Lockport, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, the City of Lockport is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the City of Lockport shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Office Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the City of Lockport neither expresses nor implies that I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the City of Lockport at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of the City of Lockport.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT _____

DATE _____

FAIR CREDIT REPORTING ACT
Disclosure and Authorization Statement

To: All Applicants for Employment *(Please read carefully before signing below)*

In processing my application for employment, I understand the City of Lockport, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the City of Lockport, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who my have knowledge concerning this information.

By signing below, I authorize the City of Lockport to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize the City of Lockport to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name *(please print)*

Signature

Date Signed