Illinois 🔻

Application for Employment

Please Print

City of Robinson 300 S. Lincoln St. Robinson, IL 62454 618-544-7616

Equal access to programs, services and employment opportunities is available to all persons without regard to age, ancestry, citizenship status, color, physical or mental disability, genetic information, marital status, military status, national origin, race, religion, sex (including pregnancy), sexual orientation, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

| Name Last Hist | Applicant ID # | | | |
|---|--|--|--|--|
| Address: Street | | | | |
| | City State ZIP Code E-mail Address | | | |
| Position(s) applied for | Date of application //// | | | |
| Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) | | | | |
| If necessary, best time to call you is : AM PM Home Cellular/Other | Will you travel if job requires it? | | | |
| May we contact you at work? | attendance requirements of the position? \(\sum N/A \subseteq Yes \subseteq No | | | |
| () : AM PM | Will you work overtime if required? \square Yes \square No | | | |
| If you are under 18 and it is required, | If no , please explain: | | | |
| can you furnish a work permit? \[N/A \[Yes \[No | | | | |
| If no, please explain: | | | | |
| Have you submitted an application here before? Yes No If yes, give date(s) and position(s): | Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage | | | |
| Have you ever been employed here before? ☐ Yes ☐ No | to the extent permitted by law. | | | |
| If yes, give dates: From/ To/ | Yes No Need more information about the job's "essential functions" to respond | | | |
| Is this application a request for reemployment following an extended military leave of absence from this company? | Driver's license number required if driving may be required in the job for which you are applying: State | | | |
| Are you lawfully authorized to work in the | Have you ever been bonded? Yes No | | | |
| United States? Yes No | Have you entered into an agreement with any former employer or | | | |
| Date available for work/ / | other party (such as a noncompetition agreement) that might, in an | | | |
| What is your desired salary range or hourly rate of pay? | way, restrict your ability to work for our company? Yes \subseteq No | | | |
| \$ Per | If yes, please explain: | | | |
| Type of employment desired: | | | | |
| ☐ Educational Co-Op ☐ Seasonal ☐ Temporary | | | | |
| Will you relocate if job requires it? | | | | |

Employment History Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis. Employer Telephone # Street address City State Starting job title/final job title Dates employed Immediate supervisor and title (for most recent position held) May we contact for reference? Yes No Later Why did you leave? Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position? Employer Telephone # Street address City State Starting job title/final job title Dates employed Month Month to Immediate supervisor and title (for most recent position held) May we contact for reference? E-mail: Yes No Later Why did you leave? Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position? Employer Telephone # Street address City State Starting job title/final job title Dates employed Immediate supervisor and title (for most recent position held) May we contact for reference? Yes No Later Why did you leave? Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position? Employer Street address City State Starting job title/final job title Dates employed Month Year Month Year ŧο Immediate supervisor and title (for most recent position held) May we contact for reference? F-mail: Yes No Later Why did you leave? Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position?

| Employment History (continued) | | n e | | | |
|--|--|---------------------------------|--|--|--|
| Explain any gaps in your employment, other than tho | se due to person | al illness, inj | jury, or disability | | |
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| | | 64-18-18-0011 | · · · · · · · · · · · · · · · · · · · | | |
| If not 13 | C 1 1 1 1 1 | | | | |
| If not addressed on previous page, have you ever been If yes, please explain: | | | n a job! | | Ll Yes Ll No |
| n yes, picase explain. | | · · · · · · | | ٠. | |
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| Confil. The Confidence of the | | | | | |
| Skills: aind Qualifications Summarize any special training, skills, languages, licenses, a | nd/or certificates t | hat may assist | you in performing t | he position for whi | ch you are applying |
| | meror certificates t | ilat iliay assist | . you in perioriting t | ne position for white | di you are appiying: |
| | | | | | |
| | | | | | |
| Computer Skills (Include software titles and level of experies | nce, such as basic, i | ntermediate, or | advanced.) | | |
| ☐ Word ProcessingL | evel: | ☐ Internet | | | Level: |
| □ SpreadsheetL | evel: | Other | | | Level: |
| □ PresentationL | | | | | - |
| □ E-mailL | evel: | □ Other | | | Level: |
| Educational Background | | | | | |
| Starting with your most recent school attended, provid | STANDARD CHARLES OF THE PARTY O | ECCAN-STATEMENT OF THE BANKS OF | Processing the second s | NOONE SEEDS FOR THE SEEDS FOR THE SEED OF THE SEEDS FOR TH | 914 TO 1850 ON DEPOSION SENT ASSETTANCE OF A STREET AND A STREET ASSETTANCE OF A STREET ASS |
| School (include City and State) | and the second second | | Complete | GVI GGGGGG | . Hajoyi inc |
| | | | ☐ Diploma ☐ GED ☐ Degree ☐ Certification | | |
| | | | □ Other □ GED | | |
| | | - | ☐ Degree ☐ Certification | | |
| | | | Other GED. | | |
| | | | ☐ Degree ☐ Certification ☐ Other | | |
| | | | □ Diploma □ GED □ Degree | | Action to the stock death are a significa- |
| | | | ☐ Certification ☐ Other | | |
| | | | | | |
| References List names and telephone numbers of three business/ | work references | who are not | rolated to you and | | Supporting to |
| If not applicable, list three school or personal reference | ces who are <i>not</i> i | elated to yo | u. | are noi previous | supervisors. |
| Name to title to | Relationanti 40 You | to see a | eleprone | Email | # of Years Grown |
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| Related Information |
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| When answering these questions, please exclude any information that would reveal age, ancestry, citizenship status, color, physical or mental disability, genetic information, marital status, military status, national origin, race, religion, sex (including pregnancy), sexual orientation, or other similarly protected status. |
| To what job-related organizations (professional, trade, etc.) do you belong? |
| |
| List special accomplishments, publications, awards, etc. |
| List any relevant volunteer work. |
| List any Televant volunteer work. |
| |
| Is there any other job-related information you want us to know about you? |
| |
| Applicant Statement |
| I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct. |
| I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me. |
| I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law. |
| I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. |
| If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. |
| I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. |
| I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer. |
| This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her age, ancestry, citizenship status, color, physical or mental disability, genetic information, marital status, military status, national origin, race, religion, sex (including pregnancy), sexual orientation, or any other protected status under applicable federal, state, or local law. |
| Please be advised pursuant to Illinois law, applicants are not obligated to disclose expunged juvenile records of adjudication, arrest, or conviction. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered. |
| DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. |
| I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. |
| Signature of Applicant |



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