



City of Danville, Illinois Application for Employment

Main Lobby Employment Application Deposit Box
City of Danville, IL
Robert E. Jones Municipal Building
17 West Main Street
Danville, Illinois 61832

OFFICE USE ONLY		
GED _____	HS Dip _____	>HS _____
BACKGROUND CHECK _____		

TELEPHONE: (217) 431-2281 FAX: (217) 431-2237 EMAIL: bwestphal@cityofdanville.org

Instructions: Please Print or Type. Use check (x) where appropriate. Applicant may attach resume and/or any other supporting documentation in support of this application. All documents should be on letter size paper (8 1/2" x 11"), and should read from the top or left side. Please staple the completed application and all documents in the upper left hand corner. Do not use binder, folder or presentation cover. **Applicant's signature is required on the last page.**

Position Applying for: Extra Board Driver

Applicant's Name:

	First Name	Middle	Last Name	Maiden or other Last Names
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Present Address: _____

No & Street	Apt/Unit No	City	State	Zip
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Telephone: Home: (_____) _____ Work/Daytime: (_____) _____

Leave Message: (_____) _____ **EMAIL ADDRESS:** _____

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

It is the policy of the City of Danville that all persons are entitled to equal employment opportunities, and therefore, the City does not discriminate against applicants for employment because of race, creed, color, national origin, age, sex, marital, veteran physical or mental handicap unrelated to ability, or any other legally protected status, provided the applicant meets the qualifications and physical requirements deemed necessary to perform the job.

CITY OF DANVILLE RESIDENCY REQUIREMENTS

Unless otherwise dictated by a Collective Bargaining agreement, employees of the City of Danville hired after January 1, 2008, must establish their principal place of residence no greater than the five (5) miles corporate limits of the City. An employee of the City who successfully completes his or her probationary period of employment shall then have a period of 6 months to establish residence within the required limits. Any employee of the City who shall fail to comply with the residency requirement shall be terminated.

DRUG FREE WORKPLACE POLICY

The Danville City Council has adopted a Drug Free Workplace Policy which requires all City of Danville employees to abide by the terms of the policy including, but not limited to, the fact that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in any City workplace and that actions shall be taken against any employee for violation of this prohibition. Employees who are required to hold CDL licenses are under a separate Drug/Alcohol Policy requiring periodic random testing. This policy specifies actions the City will take if employees in this classification violate this policy.

CITY OF DANVILLE CODE OF ETHICS

The City's Code of Ethics Policy requires that public officers and employees be independent, impartial and responsible to the people; that government decisions and policy be made within proper channels of the government structure; that the public office not be used for personal gain; and that the public have confidence in the integrity of its government. This Code establishes guidelines for setting forth those acts or actions that are incompatible with the best interests of the City.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you live inside the Danville city limits?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you live outside Danville's city limits and you were hired, would you comply with the City's residency policy which requires all city employees hired after January 1, 2008 to live within the corporate city limits?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you understand the City's "Drug Free Workplace" and "Code of Ethics" policies as summarized on page 1?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you hold a valid Vehicle Driver's License? What Class _____ What State _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you hold a Commercial Driver's License (CDL)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you served in the U.S. Armed Services, Reserves or National Guard? If yes, list branch and current status _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you presently, or have you ever been, an employee of the city of Danville? If yes, which department _____ When? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any members of your immediate family currently employed by the City of Danville? If yes, which department? _____ Name _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a crime? If yes, please explain. _____ <i>Applicant is not obligated to disclose sealed or expunged records of a conviction.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you authorized to work in the United States?

Employment Background: When completing this portion of the application **DO NOT USE THE TERM SEE RESUME**, these responses are more specific. Begin with current or most recent job, list your work history, including military service.

Explain gaps in employment: _____

1.EMPLOYER:	Employer Address & Phone:
Employed From: _____ To: _____	Job Duties/Job Title: _____
Skills Required: _____	Last Salary: _____ Reason for Leaving: _____
2.EMPLOYER:	Employer Address & Phone:
Employed From: _____ To: _____	Job Duties/Job Title: _____
Skills Required: _____	Last Salary: _____ Reason for Leaving: _____
3.EMPLOYER:	Employer Address & Phone:
Employed From: _____ To: _____	Job Duties/Job Title: _____
Skills Required: _____	Last Salary: _____ Reason for Leaving: _____
4.EMPLOYER:	Employer Address & Phone:
Employed From: _____ To: _____	Job Duties/Job Title: _____
Skills Required: _____	Last Salary: _____ Reason for Leaving: _____
5.EMPLOYER:	Employer Address & Phone:
Employed From: _____ To: _____	Job Duties/Job Title: _____
Skills Required: _____	Last Salary: _____ Reason for Leaving: _____
6.EMPLOYER:	Employer Address & Phone:
Employed From: _____ To: _____	Job Duties/Job Title: _____
Skills Required: _____	Last Salary: _____ Reason for Leaving: _____

EDUCATIONAL BACKGROUND: Complete the following chart as thoroughly as possible.

City of Danville requires a minimum high school diploma or GED for all positions. If hired, falsifying application information is grounds for termination.

School or Level	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate	List Diploma or Degree
High School	_____		9 10 11 12	___ Yes ___ No	
Junior Community College	_____		1 2	___ Yes ___ No	
College Or School	_____		1 2 3 4	___ Yes ___ No	
Graduate School	_____			___ Yes ___ No	
Technical (Specify)	_____			___ Yes ___ No	
Military	_____			___ Yes ___ No	
Other	_____			___ Yes ___ No	

Other Training/Skills: Provide as much information as possible.

___ Yes ___ No Have you received training in the field for which you are applying?

___ Yes ___ No Do you hold any technical or professional licenses?

If Yes, explain; giving type, issuing state, training program name, school or location of training, hours completed, and certificates received.

Which of the following skills do you possess?

- ___ Typing ___ Word Processing ___ Calculator ___ Filing ___ Radio/Dispatch
 ___ Transcribing ___ Personal Computer ___ Driving a Truck ___ Operating Heavy Equipment
 ___ Other (please list) _____

Which computer skills do you possess?

- ___ Word Processing ___ Data Bases ___ Spreadsheets ___ Programming
 ___ Other (please list) _____

List computer programs (software) you are able to use with proficiency: _____

Additional Information: List any additional information you feel important to your application.

References: Give name, address and telephone number of three references who **are not** related to you and **are not** previous employers. References should be people who know of your skills and abilities and who can vouch for your character. (ie teachers, clergy, co-worker)

1. Name: _____ Phone: _____

Address: _____ City: _____

In what capacity does this person know you? _____

2. Name: _____ Phone: _____

Address: _____ City: _____

In what capacity does this person know you? _____

3. Name: _____ Phone: _____

Address: _____ City: _____

In what capacity does this person know you? _____

Attention: Read the following statement carefully before signing application. Application must be signed.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that I may be required to pass a drug-screening examination. I hereby consent to a pre-employment drug screen as a condition of my employment.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME, IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Date: _____ Applicant's Signature: _____

Please check to see that you have answered all questions and that your application (including signature) is complete.



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION FOR USE BY THE CITY OF DANVILLE, IL

I, _____, do hereby authorize a review and full disclosure of
(Print full Name and any other names you have used including Maiden Name if applicable)

all records concerning myself to the City of Danville, Illinois, including the Personnel Office and Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of law enforcement agencies, educational institutions, and former employers.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the City of Danville, Illinois. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Danville, Illinois's agents including the Personnel Office or Police Department from any and all liability which may be incurred as a result of collecting such information.

I also understand that this authorization to furnish information is executed in consideration of my application for eligibility for appointment to a position with the City of Danville.

A photocopy of this release form will be as valid as the original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

(Signature of Applicant - Full Name as Printed Above) (Date)

Address: _____

City, State, Zip: _____

Social Security number: _____

