



# City of Danville, Illinois Application for Seasonal Employment

**Return To:**  
Main Lobby Application Deposit Box  
Robert E. Jones Municipal Building  
17 West Main Street  
Danville, Illinois 61832

Human Resources Telephone: (217) 431-2281      FAX: (217) 431-2237

Temporary Employee Positions are used in several City departments. PLEASE INDICATE YOUR PREFERENCES BY NUMBERING THE FOLLOWING: (first Choice = 1, second choice = 2, etc.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Solid Waste (Garbage truck) Laborer | <input type="checkbox"/> Parks Maintenance Laborer | <input type="checkbox"/> Pool Lifeguard                          |
| <input type="checkbox"/> Golf Course Maintenance Laborer     | <input type="checkbox"/> Pride Grows Laborer       | <input type="checkbox"/> Intern <input type="checkbox"/> Streets |
| <input type="checkbox"/> Code Enforcement                    | <input type="checkbox"/> Other _____               |  |

**Instructions: Please Print or Type.** Applicant may attach resume and/or any other supporting documentation in support of this application. Please staple the completed application and all documents in the upper left hand corner.

**APPLICANT'S SIGNATURE IS REQUIRED ON THE LAST PAGE.**

### Applicant's Name:

First Name	Middle	Last Name	Maiden or other Last Names used

### Present Address:

No & Street	Apt/Unit No	City	State	Zip	

**Telephone:** Home: (\_\_\_\_) \_\_\_\_\_ Work/Daytime: (\_\_\_\_) \_\_\_\_\_

**Leave Message:** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**When are you available to start:** \_\_\_\_\_

**If you will be returning to school what is the last day you will be able to work?** \_\_\_\_\_

### 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 within the 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 corporate limits of the City. 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.

**IMPORTANT NOTE TO ALL TEMPORARY WORKER APPLICANTS: Each year the City employs seasonal workers in the Public Works/Parks Departments. These positions do not include benefits, but often are the first step in moving into full-time union jobs. Applications are maintained for a full year (January through December).**

**GENERAL QUESTIONS: Complete this section by marking (X) for the correct answer.**

\_\_\_\_ Yes \_\_\_\_ No Are you presently, or have you ever been, an employee of the City of Danville?  
If yes, which Department ? \_\_\_\_\_ When? \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Are there any members of your immediate family currently employed by the City of Danville?  
If yes, which department? \_\_\_\_\_ Name? \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Do you live inside Danville's city limits?

\_\_\_\_ Yes \_\_\_\_ No If you do not live within Danville's city limits, if hired as a full-time employee, if required will you move into the City limits? (See residency requirement page 1)

\_\_\_\_ Yes \_\_\_\_ No Do you understand the City's "Drug Free Workplace" and "Code of Ethics" policies as summarized on page 1?

\_\_\_\_ Yes \_\_\_\_ No Do you hold a valid Illinois Vehicle Operator's license? If not IL, what state \_\_\_\_\_  
A valid Illinois driver's license is required for all positions except pool lifeguard.

\_\_\_\_ Yes \_\_\_\_ No **Do you have a CDL (Commercial Driver's License)?**

\_\_\_\_ Yes \_\_\_\_ No Have you ever been convicted of a crime? (Except Traffic Violations)  
If Yes, please explain. \_\_\_\_\_

*Applicants are not obligated to disclose sealed or expunged records of a conviction.*

\_\_\_\_ Yes \_\_\_\_ No Do you hold any technical or professional licenses? List type and issuing State. \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Have you served in the U.S. Armed Services, Reserves or National Guard? If yes, list branch and current status. \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Are you authorized to work in the United States?

**EDUCATIONAL BACKGROUND: The City of Danville requires a minimum high school diploma or GED for any position. 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 Degree or GED
High School			9 10 11 12	____ Yes ____ No	
Jr or Community College			1 2	____ Yes ____ No	
College or School			1 2 3 4	____ Yes ____ No	
			Graduate School		

Technical School(Specify)				Yes	
				No	
Military					

**EMPLOYMENT BACKGROUND: BEGIN WITH CURRENT OR MOST RECENT JOB**, list your work history, including military service. It is assumed previous employers may be contacted unless you indicate otherwise. **FILL-IN THE SPACES DO NOT ANSWER BY USING THE TERM SEE RESUME.**

**EXPLAIN GAPS IN EMPLOYMENT:** \_\_\_\_\_

1. \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Employer Address & Phone (including city & state):** \_\_\_\_\_  


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**Dates Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Job Duties/Job Title:** \_\_\_\_\_  


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**Skills Required:** \_\_\_\_\_ **Last Salary:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_
  
2. \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Employer Address & Phone (including city & state):** \_\_\_\_\_  


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**Dates Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Job Duties/Job Title:** \_\_\_\_\_  


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**Skills Required:** \_\_\_\_\_ **Last Salary:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_
  
3. \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Employer Address & Phone (including city & state):** \_\_\_\_\_  


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**Dates Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Job Duties/Job Title:** \_\_\_\_\_  


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**Skills Required:** \_\_\_\_\_ **Last Salary:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_
  
4. \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Employer Address & Phone (including city & state):** \_\_\_\_\_  


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**Dates Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Job Duties/Job Title:** \_\_\_\_\_  


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**Skills Required:** \_\_\_\_\_ **Last Salary:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_
  
5. \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Employer Address & Phone (including city & state):** \_\_\_\_\_  


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**Dates Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Job Duties/Job Title:** \_\_\_\_\_  


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**Skills Required:** \_\_\_\_\_ **Last Salary:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**Other Training/Skills:** PROVIDE AS MUCH INFORMATION AS POSSIBLE.

\_\_\_\_ Yes \_\_\_\_ No Have you received training in the field for which you are applying? If Yes, explain giving training program name, school or location of training, hours completed, and certificates received.

\_\_\_\_\_

Which of the following skills do you possess and or have formal training in?

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Typing                    | <input type="checkbox"/> WPM                        | <input type="checkbox"/> Computer                   | <input type="checkbox"/> Driving a Truck |
| <input type="checkbox"/> Operating Heavy Equipment | <input type="checkbox"/> Operating Mowing Equipment | <input type="checkbox"/> Commercial Drivers License |  |
| <input type="checkbox"/> Life Guard Training       | <input type="checkbox"/> First Aid Training         | <input type="checkbox"/> Radio dispatch             |  |
| <input type="checkbox"/> Landscaping               |   |   |  |
| <input type="checkbox"/> Other (please list) _____ |   |   |  |

Which computer skills do you possess?

- Word Processing  Data Bases  Spreadsheets  Programming
- Other (please list) \_\_\_\_\_

**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 my employment is contingent upon passing a pre-employment drug screen.

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 THE QUESTIONS AND THAT YOUR APPLICATION (INCLUDING SIGNATURE) IS COMPLETE. APPLICATIONS WITHOUT A SIGNATURE WILL NOT BE PROCESSED.**



## The CITY OF DANVILLE, IL

### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION for use by the City of Danville for employment purposes

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records  
(Print full Name, including Maiden Name if applicable)

concerning myself to the City of Danville, Illinois, including the Human Resources 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 information and 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 eligibility for employment 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".**

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant - Full Name as Printed Above)

**Date:** \_\_\_\_\_



# City of Danville Applicant Data Record

All applicants and employees are treated during employment without regard to race, color, religion, gender, national origin, age, marital/veteran status, medical condition, or impairment.

To help us comply with government record keeping, reporting and other legal requirements, please complete this Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Newspaper  Radio  Postcard  Walk-In  City of Danville Website

Friend/Relative  Agency/Recruiter  Other: \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle Area Code

Address \_\_\_\_\_  
Number Street City State Zip Code

## Affirmative Action Information

Government agencies require periodic reports on the gender, ethnicity, impairment, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Gender:  Male  Female

Race/Ethnic Group:

White (Not Hispanic or Latino)  Black or African American (Not Hispanic or Latino)  Hispanic or Latino

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)  Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)  Two or More Races (Not Hispanic or Latino)

Veteran Status:  Vietnam Era Veteran  Special Disabled Veteran  Other Protected Veteran

Impairment: \_\_\_\_\_