



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) 431-2300 FAX: (217) 431-2202

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.

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 Danville Corporate City limits?
- ____ 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)? Which Class?** _____
- ____ 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 Graduate School	____ Yes ____ No	
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 & <u>Phone</u> (including city & state)		
Dates Employed	Job Duties/Job Title		
Skills Required	Last Salary	Reason for Leaving	

2. _____

Employer	Employer Address & <u>Phone</u> (including city & state)		
Dates Employed	Job Duties/Job Title		
Skills Required	Last Salary	Reason for Leaving	

3. _____

Employer	Employer Address & <u>Phone</u> (including city & state)		
Dates Employed	Job Duties/Job Title		
Skills Required	Last Salary	Reason for Leaving	

4. _____

Employer	Employer Address & <u>Phone</u> (including city & state)		
Dates Employed	Job Duties/Job Title		
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?

- | | | |
|--------------------------------|---------------------------------|---------------------------------|
| ____ Typing ____ WPM | ____ Computer | ____ Driving a Truck |
| ____ Operating Heavy Equipment | ____ Operating Mowing Equipment | ____ Commercial Drivers License |
| ____ Life Guard Training | ____ First Aid Training | ____ Radio dispatch |
| ____ Landscaping | | |
| ____ 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 the 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 Initial 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: _____