



# CITY OF NILES APPLICATION FOR EMPLOYMENT

The City of Niles considers applicants for employment without regard to race, color, religion, sex, national origin, age, disability status, marital status, or any other legally protected status.

**Complete the application in its entirety. Do not write "see resume" in any blank. An incomplete application will not be considered for the position available.**

Position Applied For	Date of Application		
Last Name	First Name	Middle Initial	
Address Street	City	State	Zip
Telephone Number(s)			

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes      No

Have you ever been employed with us before? Yes      No

If Yes, give date

Are you currently employed? Yes      No

May we contact your present employer? Yes      No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes      No

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work?

Are you available to work      Full Time      Part Time      Shift Work      Temporary

Can you travel if job requires it? Yes      No

Have you been convicted of a felony within the last 7 years? Yes      No

*Conviction will not necessarily disqualify an applicant from employment*

If Yes, please explain

<b>EDUCATION</b>	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed				
Diploma / Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities	
--	--

Describe any honors you have received	
---------------------------------------	--

State any additional information you feel may be helpful to us in considering your application	
--	--

List professional, trade, business, or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status*

--

## REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers

1
2
3

Have you ever had any job-related training in the United States military?

Yes      No

If yes, please describe

--

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Street Address				
City, State, Zip		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Street Address				
City, State, Zip		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Street Address				
City, State, Zip		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Street Address				
City, State, Zip		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

Have you been given a job description or had the requirements of the job explained to you?	Yes	No
Do you understand the requirements of the job?	Yes	No
Can you perform the requirements of this job with or without reasonable accommodations?	Yes	No

## APPLICANT'S STATEMENT AND RELEASE OF INFORMATION PERMISSION

I certify that answers given herein are true and complete to the best of my knowledge.

For purposes of consideration of employment, I authorize and request that my current and former employers and those people I have listed as references furnish the City of Niles with information about my employment record, including a statement of the reason for termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them and the City of Niles from all liability and responsibility arising from any information provided. A copy of this release is as valid as an original signature.

I hereby understand and acknowledge that employment at the City of Niles is at-will. That means either the City or the employee may end the employment relationship at any time, for any reason or no reason at all. No oral representation by any City employee will create a contract of employment.

No employment practice of the City is intended to create a contract of employment. No changes in the City's employment-at-will policy will be effective unless executed in writing and signed by the City Administrator or the City Council.

In the event that I am employed by the City of Niles, I understand that false or misleading information given in this application or during an interview may result in discharge. I understand also, that I am required to abide by all the rules and regulations of the City of Niles.

Signature of Applicant_____	Date_____
-----------------------------	-----------

## Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. Refusal to provide this information will not subject you to adverse treatment.

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

(PLEASE PRINT)

Name \_\_\_\_\_

Position Applied for \_\_\_\_\_ Date \_\_\_\_\_

### Referral Source:

Newspaper Advertisement    Which one? \_\_\_\_\_  
Employee Referral  
Web Site  
Walk-In  
Other

### AFFIRMATIVE ACTION SURVEY

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

### RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify)

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Check if any of the following are applicable:

Veteran                  Disabled Individual