

Employment History

List below present and past employment. Start with your present or last job.

Employer	Date Employed (Month/Year)	Reason for Leaving	Wages	Duties & Responsibilities
1. Name	From		Starting	
Address				
	To		Final	
Phone #				
Supervisor				
2. Name	From		Starting	
Address				
	To		Final	
Phone #				
Supervisor				

If you need additional space, please continue on a separate sheet of paper.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience _____

Are there any other experiences, skills, or qualifications, which you feel, would especially aid you in performing the work for which you have applied? _____

Personal References

(Not former employers or relatives)

Name	Address	Phone #	Occupation
1.			
2.			
3.			

Applicant's Statement

The facts set forth in this Application for Employment are true and complete. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge.

I authorize investigation of all statements contained in this Application for Employment as may be necessary through any investigative bureau. I authorize the references and previous employers listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information. I understand that I may be subject to a medical examination including a drug screen as a condition of employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Mt. Vernon, Illinois is of an "at will" nature, which means that the employee may resign at any time and the City may discharge the employee at any time with or without cause.

This Application for Employment shall be considered *active* for twelve (12) months from the date signed.

Signature of Applicant

Date

HUMAN RESOURCE DEPARTMENT

Cheryl Conner
Director of Human Resources



CITY OF MT. VERNON
1100 MAIN P.O. BOX 1708
MT. VERNON, ILLINOIS 62864

(618) 242-6810
FAX (618) 242-5593

CRIMINAL HISTORY AND BACKGROUND CHECK

The City of Mt. Vernon, Illinois may contact your employer(s), check references, and obtain your prior employment records. The City may also run a criminal background check for employment purposes.

Authorization and Release

The undersigned hereby acknowledges and understands that the **City of Mt. Vernon** may procure information regarding my past employment from my former employers and references, including, but not limited to employment records, employment history and employment information, including personnel files. I also understand and acknowledge that the City may obtain a criminal history and criminal background check on me. In connection with my application for employment with the **City of Mt. Vernon, Illinois**, I authorize the City to contact my prior employers and my references, and I also authorize the City to conduct a criminal background check. I understand that, upon written request within a reasonable period, I am entitled to additional information concerning the nature and scope of this pre-employment screening. I hereby release the **City of Mt. Vernon**, its officers, agents, employees, and servants from any liability arising from its communications with my former employers and references, and arising from its procurement of a criminal background check.

The undersigned hereby authorizes the **City of Mt. Vernon** to request and to obtain any or all of the information described to be used for employment purposes.

As a condition of employment with the **City of Mt. Vernon**, candidates may be required to submit to fingerprinting if requested. The undersigned hereby gives permission to the **City of Mt. Vernon** to obtain my fingerprints and use my fingerprints to procure a criminal history and background check. I agree to provide my fingerprints upon request.

This authorization for release of information includes, but is not limited to matters of opinion relating to my character, ability, reputation, and past performance. I authorize all persons, schools, companies, corporations, and law enforcement agencies to release such information without restriction or qualifications to the **City of Mt. Vernon**, and any of their officers, agents, employees and servants I voluntarily waive all recourse and release them from liability from complying with this authorization.

The undersigned hereby releases the **City of Mt. Vernon** and any person who provides the foregoing information to the **City of Mt. Vernon** from any liability and damage of whatsoever nature or type because of furnishing the information described above.

Job applicants are not obligated to disclose sealed or expunged records of conviction or arrests (IL Public Act 093-0211). Any omission or untrue statements not in accordance with IL Public Act 093-0211 will be grounds for rejection or termination.

I authorize that a photocopy of this release will be considered as valid as the original.

Date: _____

Signature

Drivers License Number

Social Security Number

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Post-Offer Pre-Employment Drug Testing Consent Form

As a condition for employment, I understand that post-offer candidates for safety-sensitive positions must agree to submit to a drug test. If the test results are positive, the offer of employment may be revoked by the City of Mt. Vernon. I understand that I may be asked to submit blood or urine for testing. I understand that I do not have to provide such a specimen if I choose not to do so, but that my refusal will result in revocation of any conditional offer of employment. The City of Mt. Vernon will pay the cost of the post-offer/pre-employment drug test. Any additional treatment or cost relating to the results of the testing is the candidate's responsibility.

The City of Mt. Vernon will maintain the results of the post-offer/pre-employment drug test. Negative and positive results will be reported to the Director of Human Resources.

I understand the above conditions and hereby agree to comply with them. I hereby give full consent to undergo a drug test as a condition of employment with the City of Mt. Vernon. I hereby give consent to and authorize any physician or third-party testing service chosen by the City to take a specimen from me and perform testing on that specimen in any manner that he/she/it deems appropriate. I hereby give full consent and authorize any physician or third-party testing service chosen by the City to release the results of the testing to the City's Director of Human Resources. I understand that the physician or third-party testing service chosen by the City may require additional authorization or consent from me prior to performing any test or prior to releasing the results to the City.

Print Applicant's Name

Telephone Number

Address

City, State, Zip

Applicant's Signature: _____ Date _____

Witness Signature: _____ Date _____

Applicants Under Age 18 -- Please Complete, additionally

I understand the above conditions and authorize the City of Mt. Vernon to conduct a pre-employment drug/alcohol test on my minor child or dependent.

Print Name of Parent or Guardian

Telephone Number

Address

City, State, Zip

Parent or Guardian Signature: _____ Date _____

Witness Signature: _____ Date _____