

**CITY OF LOCKPORT
222 E. 9TH STREET
LOCKPORT, ILLINOIS 60441
ATTN: CITY ADMINISTRATOR**

EMPLOYMENT APPLICATION

TODAY'S DATE _____

Please Print

<i>Last Name</i>	<i>First</i>	<i>MI</i>	<i>Position(s) Desired</i>	<i>Hours Available</i>
<i>Street Address</i>			<i>Full-Time</i> _____ <i>Part - Time</i> _____	
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Are you eligible to receive any</i> _____ <i>Yes</i> <i>Permits/licenses by law?</i> _____ <i>No</i>	

Phone _____

PREVIOUS EMPLOYMENT HISTORY

List your positions of the past six years. List most recent employer first. Use additional sheet if necessary.

<p>(1)</p> <p>_____ EMPLOYER (Most Recent)</p> <p>_____ ADDRESS CITY/STATE ZIP</p> <p>_____ POSITION HELD RATE OF PAY FROM _____ TO _____</p> <p>_____ DUTIES _____</p> <p>_____ REASON FOR LEAVING _____</p> <p>_____ SUPERVISOR _____</p> <p>_____ MAY WE CONTACT HIM/HER? _____</p>	<p>(2)</p> <p>_____ EMPLOYER (Most Recent)</p> <p>_____ ADDRESS CITY/STATE ZIP</p> <p>_____ POSITION HELD RATE OF PAY FROM _____ TO _____</p> <p>_____ DUTIES _____</p> <p>_____ REASON FOR LEAVING _____</p> <p>_____ SUPERVISOR _____</p> <p>_____ MAY WE CONTACT HIM/HER? _____</p>
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(3)

EMPLOYER (Most Recent)

ADDRESS CITY/STATE ZIP

POSITION HELD RATE OF PAY
FROM _____ TO _____

DUTIES _____

REASON FOR LEAVING _____

SUPERVISOR _____

MAY WE CONTACT HIM/HER? _____

(5)

EMPLOYER (Most Recent)

ADDRESS CITY/STATE ZIP

POSITION HELD RATE OF PAY
FROM _____ TO _____

DUTIES _____

REASON FOR LEAVING _____

SUPERVISOR _____

MAY WE CONTACT HIM/HER? _____

(4)

EMPLOYER (Most Recent)

ADDRESS CITY/STATE ZIP

POSITION HELD RATE OF PAY
FROM _____ TO _____

DUTIES _____

REASON FOR LEAVING _____

SUPERVISOR _____

MAY WE CONTACT HIM/HER? _____

(6)

EMPLOYER (Most Recent)

ADDRESS CITY/STATE ZIP

POSITION HELD RATE OF PAY
FROM _____ TO _____

DUTIES _____

REASON FOR LEAVING _____

SUPERVISOR _____

MAY WE CONTACT HIM/HER? _____

EDUCATION

NAME OF HIGH SCHOOL ADDRESS CITY/STATE/ZIP

HIGH SCHOOL DIPLOMA OR EQUIVALENT? YES _____ NO _____

NAME OF COLLEGE/ TRAINING SCHOOL/ JUNIOR COLLEGE ADDRESS CITY/STATE

PERSONAL REFERENCES

LIST THE NAME, ADDRESS, TELEPHONE NUMBER, AND RELATIONSHIP OF THREE INDIVIDUALS WHO WILL ACT AS PERSONAL REFERENCES:

1. _____
2. _____
3. _____

OTHER TRAINING OR SKILLS:

Federal Law prohibits the City of Lockport from hiring any person unless he/she presents documents which establishes his/her identity and eligibility to work in the United States. Therefore, the Company will require that each new hire present such documents as a condition of employment.

The City of Lockport is an Equal Opportunity Employer and does not discriminate in hiring or employment, in accordance with the requirements of all applicable state and federal laws, on the basis of race, color, creed, sex, national origin, age, or physical or mental disability unrelated to job requirements.

You are not required to disclose information about physical or mental disabilities that you believe will not interfere with your job performance. However, if you want the City of Lockport to consider special arrangements to accommodate a physical or mental disability, you may suggest the kind of accommodation that you believe would be appropriate for consideration by the City of Lockport.

I understand that an investigative consumer report may be made concerning my character, reputation, personal characteristics and mode of living. I willingly consent to and authorize that such a report be made, which may include information regarding my credit. Information as to the nature and scope of this report may be obtained upon written request.

The use, possession, or being under the influence of illegal drugs or alcohol while on Company time is prohibited and will result in disciplinary action, up to and including termination of employment. I hereby agree to submit to any lawful drug or integrity testing or post-offer medical examination that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I authorize of any test or examination or other information which may be necessary to determine my ability to perform the duties of a job for which I am being considered, prior to employment or in the future during my employment with the City of Lockport.

I understand that any misrepresentations made in this application will be sufficient cause for cancellation of this application and/or for my termination from employment with the City of Lockport. I certify that if employed by the City of Lockport I will abide by all of its rules and regulations. I certify that the above statements have been read by me and that the statements I have made on this application are true and correct. I understand that the City of Lockport is in no way obligated to provide employment and that I am no way obligated to accept employment.

I understand that I must serve a probationary period of twelve (12) months before my appointment shall be considered permanent and that during that period I may be dismissed without cause or notice and without right to an appeal. I also acknowledge receipt of the Personnel Policy of the City of Lockport.

DATE _____ SIGNATURE _____