



APPLICATION FOR EMPLOYMENT

Please print in blue or black ink.

APPLICANT INFORMATION															
Last Name				First				M.I.		Date					
Street Address						Apartment/Unit #									
City				State				ZIP							
Phone				E-mail Address											
Date Available				Position Applied for				Desired Salary							
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for the City of Chicago Heights?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?							
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain							
Are you <u>related</u> * to anyone currently working with the City of Chicago Heights?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, who?							
<p><i>The City of Chicago Heights Code of Ordinances precludes the employment of certain relatives of elected officials, Officers and department heads. Under the Anti-Nepotism Ordinance a "relative" is defined as spouse, parent, grandparent, child, siblings, aunts and uncles whether by bloodline or marriage, and in-laws and step relatives within the same categories.</i></p>															
EDUCATION															
High School				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
REFERENCES															
Please list three professional references.															
Full Name				Relationship											
Company				Phone ()											
Address															
Full Name				Relationship											
Company				Phone ()											
Address															
Full Name				Relationship											
Company				Phone ()											
Address															

PREVIOUS EMPLOYMENT										
Company							Phone		()	
Address							Supervisor			
Job Title					Starting Salary		\$		Ending Salary \$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company							Phone		()	
Address							Supervisor			
Job Title					Starting Salary		\$		Ending Salary \$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company							Phone		()	
Address							Supervisor			
Job Title					Starting Salary		\$		Ending Salary \$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company							Phone		()	
Address							Supervisor			
Job Title					Starting Salary		\$		Ending Salary \$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
MILITARY SERVICE										
Branch							From		To	
Rank at Discharge							Type of Discharge			
If other than honorable, explain										
DISCLAIMER AND SIGNATURE										
<p>The City of Chicago Heights welcomes you as an applicant for employment. Your application will be reviewed without regard to race, color, religion, sex, age, national origin or disability. All information contained in or involved with this application will be considered personal and confidential and used only in conjunction with your possible employment with the City of Chicago Heights. Falsifying any information may be reasons for disqualification or dismissal.</p>										
AUTHORITY FOR RELEASE OF INFORMATION										
<p>I have completed this statement with the knowledge and understanding that any or all items contained herein may be subject to investigation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited Investigators, Personnel Staffing Specialists, and other authorized employees as designated by the City of Chicago Heights.</p>										
Signature							Date			