



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 legally authorized to work in the United States?			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		
*You are not obligated to disclose expunged juvenile records of adjudication or arrest. Unless you are applying for a position within the City of Chicago Heights Police Department, you are not obligated to disclose sealed or expunged records of adult arrest(s) or conviction(s).									
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?		
The City of Chicago Heights Code of Ordinances preclude 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.									
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										
Applicant is not required to disclose dates of service. The facts of the discharge will be considered. Dishonorable discharge shall not be an absolute bar to Employment.										
DISCLAIMER AND SIGNATURE										
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.										
AUTHORITY FOR RELEASE OF INFORMATION										
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.										
Signature					Date					