

(Please Print Plainly in Ink)

			Date:/_	/		
Name:						
Last	First		Middle			
Present Address:Street	City		State	ZIP		
Home Phone: ()	•	E-I				
Position Applied for:		Rate of Pay Expe	cted:	per		
Applying for (please check one):	Full-Time	Part-Time	☐ Seasonal			
If part-time or seasonal, please sp	ecify days and hours o	of availability (Examp	ole: 🛛 Tues <u>1 p.m.</u>	to 6 p.m.):		
☐ Mon ☐ -	Tues	☐ Wed	Thurs _			
☐ Fri	Sat	Sui	n			
Please indicate the dates you are available to work. From:/ To:/						
Were you previously employed by the City of Crystal Lake?						
If yes, in what department? Dates of Employment?/ to/						
How were you referred to the City of Crystal Lake?						
Are you 16 years or older?	'es ☐ No Are	you 18 years or olde	r? 🗌 Yes 🗌 No)		
Under what name(s) have you been previously employed?						
Do you know anyone that works for	or the City? 🗌 Yes 🗌] No				
If yes, please specify: Name						
Have you ever been convicted of a	any violations of the la	w other than minor t	traffic violations?	Yes No		
If yes, please explain:						

Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on its own merits. Applicant is not required to disclose information regarding expunged or sealed records of convictions.



(Please Print Plainly in Ink)

EDUCATION

	ation of High Schoo hool, or Colleges At	_	rees Earned Expected	Major C Stud	
	,				
	al Societies/Affiliations the race, creed, sex, s	•			
Is it OK if we check	T INFORMATIO with your present suntact any previous empensation, etc.	pervisor? Yes		iption of past du	ties, dates of
-	rt with your present o mer jobs, etc.)	r last job and work b	ack. Include p	aid or unpaid, fu	ll or part-time,
Name and Address	s of Employer	Job Title	Startin	ng Date	Ending Date
Starting Salary	Ending Salary	Hours/Week	Name,		number (if known, nmediate superviso
Description of Dutie	es and Responsibilities	5:			
Reasons for Leaving	g:				



(Please Print Plainly in Ink)

Name and Addres	s of Employer	Job Title	Starting Date	Ending Date		
Starting Salary Description of Duta	Ending Salary ies and Responsibilities:	Hours/Week	Name, title, and phone number (if known) of immediate supervisor			
Reasons for Leavir	ng:					
Name and Addres	s of Employer	Job Title	Starting Date	Ending Date		
Starting Salary Description of Duti	Ending Salary ies and Responsibilities:	Hours/Week	Name, title, and phone number (if known) of immediate supervisor			
Reasons for Leavir	ng:					
Name and Addres	s of Employer	Job Title	Starting Date	Ending Date		
Starting Salary Description of Duti	Ending Salary ies and Responsibilities:	Hours/Week	Name, title, and phone number (if known) of immediate supervisor			
Reasons for Leavir	ng:					
MILITARY SE	ERVICE	From:	/ To:	//		
Duties:		Type of Discharge:				



(Please Print Plainly in Ink)

PROFESSIONAL REFERENCES

List the names, addresses, and phone numbers of three persons who are not related to you and who you would have knowledge of your qualifications for the position(s) for which you are applying, such as supervisors, co-workers, teachers, etc. Phone Number E-Mail Name SPECIAL QUALIFICATIONS List or describe special qualifications, skills or training related to the position for which you are applying (e.g. licenses, skills with machines, computer skills, special courses, training programs, etc.) If hired, can you prove you are legally permitted to work in the United States?

Yes No **Acknowledgement** Please read carefully: I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated. I understand that if the City of Crystal Lake hires me, my employment will be at-will, meaning that either I or the City of Crystal Lake can terminate it at any time for any reason. I authorize the City of Crystal Lake to make inquiries concerning my character, employment record and other matters to verify my suitability for employment and release the City of Crystal Lake and any individuals it contacts from any claims arising from making or responding to such inquiries. I further understand that such inquiries will include checking police records for convictions. I understand that I may request reasonable accommodations if needed, due to disability, in order to participate in the overall application process. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid. I agree to submit to a pre-employment physical and/or drug screen if required by the City of Crystal Lake and understand that any offer of employment is contingent upon successfully passing the test(s) if so required. Date: / / Signed: ____

THE CITY OF CRYSTAL LAKE IS AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS RECEIVE EQUAL CONSIDERATION REGARDLESS OF THEIR RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, OR OTHER CATEGORY PROTECTED BY LAW.

Return completed application to: City of Crystal Lake, Attn: Human Resources 100 W. Woodstock Street, Crystal Lake, IL 60014