



RETURN TO:
PARK RIDGE PUBLIC LIBRARY
20 S. Prospect Avenue
Park Ridge, IL 60068

CITY OF PARK RIDGE
505 BUTLER PLACE
TEL: 847/318-5200
FAX: 847/ 318-5300
TDD: 847/ 318-5252

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship or veteran status, or any other protected status under State or Federal law.

In addition, the City of Park Ridge does not discriminate on the basis of disability where such disability is unrelated to the ability to perform the essential functions of the position.

AFFIRMATIVE ACTION DATA

Important - All Applicants Read:

To enable the City of Park Ridge to meet government reporting regulations, applicants are requested (but not required) to complete this personal data sheet. Information will be used solely for government reporting purposes. **It will not be used as selection criteria and will be treated as personal and confidential.** Your voluntary cooperation is appreciated.

Specific position applied for: _____ Date: _____

Name: _____
Last First M.I.

A. Race/Ethnic Identification

- White Not of Hispanic origin. Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black Not of Hispanic origin. Persons having origins in any of the Black racial groups of Africa.
- Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (i.e. China, Japan, Korea, the Philippines).
- American Indian Alaskan Native Persons having origins in any of the original peoples of the North or Americas and who maintain cultural identification through tribal affiliation or community recognition.

B. Sex _____ Male _____ Female

C. Are you a Veteran of the Vietnam Era?

Yes No Persons who served active duty for a period of time more than 180 days between August 5, 1964 and May 31, 1975, and were discharged therefrom with other than a dishonorable discharge.

D. Are you a Special Disabled Veteran?

Yes No Persons who are entitled to compensation from the Veterans Administration for a disability rated at 30 percent or more, or for a disability rated at 10 or 20 percent which has been determined by the VA to be a serious employment handicap.

Personal Information

Full Legal Name _____
LAST FIRST MIDDLE

Present Address _____
NO. STREET CITY STATE ZIP CODE

Telephone No. Home _____ Other (specify) _____

E-mail: _____

Are you at least 21 years or older? Yes No

Are you currently authorized to work in the U.S? Yes No

(Proof of employee eligibility status will be required upon employment.)

Position

Position applying for _____ Salary Requirements _____

Availability Full Time Part Time Seasonal Days & Hours Available _____
 Holidays Nights/Weekends Travel

How were you referred to the City of Park Ridge?

Advertisement Employment Agency Friend Relative Walk-in Other

Name of Referral Source _____

Have you been previously employed by the City of Park Ridge? Yes No

When? _____ What position? _____

Do you have a relative working for the City of Park Ridge? Yes No

Name & Relationship _____

Education

	School Names & Locations	Did you graduate?	Course of Study	Degree
High School				
College				
Graduate School				
Business/Trade School				
Military Service				

Additional Information or Training _____

In any of the above information, have you ever gone by a different name? Yes _____ No
(State name)

Employment History (Please begin with most recent employer)

Name of Company _____	Dates Employed (mm/yy) From _____ To _____
Address _____ Telephone _____	Starting Salary _____ Ending Salary _____
Description of work and type of business _____	
_____ Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact your current supervisor? Yes No

Name of Company _____	Dates Employed (mm/yy) From _____ To _____
Address _____ Telephone _____	Starting Salary _____ Ending Salary _____
Description of work and type of business _____	
_____ Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact your current supervisor? Yes No

Name of Company _____	Dates Employed (mm/yy) From _____ To _____
Address _____ Telephone _____	Starting Salary _____ Ending Salary _____
Description of work and type of business _____	
_____ Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact your current supervisor? Yes No

Name of Company _____	Dates Employed (mm/yy) From _____ To _____
Address _____ Telephone _____	Starting Salary _____ Ending Salary _____
Description of work and type of business _____	
_____ Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact your current supervisor? Yes No

Reference

Please list three professional references: (Names, addresses and positions of individuals at companies with whom you have had frequent business dealings. Do not list friends or relatives).

May we contact your present employer? Yes No

Miscellaneous

Have you been convicted of any crimes (excluding minor traffic violations)? Yes No

(An affirmative response will not automatically disqualify you from being considered as a candidate for employment.)

If yes, explain _____

Please read before signing

I certify that the above information is true and complete to the best of my knowledge, without omission of any consequence. I agree that misrepresentation, false statement, or omission, made with respect to the information contained in the application shall terminate the employment process or if I am hired, will result in my dismissal from employment.

In the event that I am hired, in consideration of my employment, I agree to conform to the rules and regulations of the City of Park Ridge (the "City"). I understand that employees of the City of Park Ridge are at-will and can be discharged, demoted, suspended or otherwise disciplined without cause at any time at the sole discretion of the City unless provided otherwise by the Civil Service Commission or Board of Police and Fire Commissioners.

I hereby authorize the City of Park Ridge to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further authorize my former employers, and all other corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. Should my services terminate after accepting employment, it is understood that the City of Park Ridge may supply to any prospective employer any information related to my work record with the City with no liability attaching to the City or any of its representatives.

I further recognize that the Immigration Reform and Control Act of 1986 has placed responsibility on U.S. companies to enforce new regulations requiring documentation of identity and work eligibility for employees. All new employees must supply such documentation before they can begin to work. In addition, I recognize that I will be required to sign statements dealing with the City's policy on conflict of interest, confidential information, and certain other employment forms.

I understand that my employment may also depend upon successfully passing a pre-employment physical, psychological exam, background check and/or drug screen. If hired, I will conform to all of the City's rules and regulations. I understand I may be refused employment or terminated if any of the information I have given is false, or if I have failed to give any material information requested.

Signature of Applicant

Date

Parent Signature required for applicants under age 18

Date