

Application for St. Clair Township Employment

107 Service Street, Swansea, IL 62226
www.stclairtownship.com

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual preference, the presence of a disability or handicap or any other legally protected status.

Position Applied For: _____ Date: _____

Referral Source: Print Advertisement in _____ Electronic Advertisement on _____
 Friend Relative Walk-In Other _____

PERSONAL

Last Name		First Name		Middle Initial	
Street Address		City		State	Zip Code
Daytime Telephone () ()		Alternate Telephone () ()		Email Address (if available)	

In the event this information becomes invalid, indicate the name and phone number of someone through whom you may be reached:

Name	Phone Number		Yes	No	N/A
Have you previously applied for a position with St. Clair Township?	If yes, date? _____		<input type="checkbox"/>	<input type="checkbox"/>	
Have you previously been employed with St. Clair Township?	If yes, date? _____		<input type="checkbox"/>	<input type="checkbox"/>	
Are you authorized to work in the United States?			<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been discharged from employment or asked to resign? (Downsize/layoff is not applicable.)			<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any relatives working for St. Clair Township? If yes, name: _____			<input type="checkbox"/>	<input type="checkbox"/>	
If under the age of 18, can you provide a work permit?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of or pled guilty or nolo contendere to any crime (other than a minor traffic violation)? If yes, please explain on a separate sheet of paper.			<input type="checkbox"/>	<input type="checkbox"/>	
<small>Conviction of a crime will not necessarily disqualify an applicant. You are not required to disclose sealed or expunged records.</small>					
What date would you be available to work? _____					
Type of work desired (mark all that apply):			<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Temporary

EDUCATION

	Name, City & State of School	Attended From - To	Graduate Yes or No	Degree	Major
High School or GED					
College					
Post Graduate					
Trade School					
Other					

EMPLOYMENT HISTORY

List your chronological history of employment starting with your current or most recent position. Account for all periods of time including military assignments, periods of unemployment, volunteer work and internships. If multiple positions were held with the same employer, please list each position separately.

Name, Address, and Phone of Employer	Describe your duties: <input type="checkbox"/> Full time <input type="checkbox"/> Part time, # of hours per week _____
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Position Title:	May we contact? (Yes/No)	Salary/Earnings	Reason for Leaving
		Starting: per	
Name of Supervisor	Dates Employed: From	Ending per	
	To		

Name, Address, and Phone of Employer	Describe your duties: <input type="checkbox"/> Full time <input type="checkbox"/> Part time, # of hours per week _____
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		Starting: per	
Name of Supervisor	Dates Employed: From	Ending per	
	To		

If you need additional space, please continue on a separate sheet of paper following the same format as above.

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Attach additional pages if needed.

REFERENCES

Provide information for three professional or personal references. Do not include supervisors previously listed in the Employment History section or relatives.

Name	Phone Number	
Company	Title	Relationship
Name	Phone Number	
Company	Title	Relationship
Name	Phone Number	
Company	Title	Relationship

CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application, any other pre-employment documentation, or interview may result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Township and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Township or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the St. Clair Township Supervisor, has any authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Township.

I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the township will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Township and is exclusively the Township's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Township.

Applicant's Signature

Date