

# EAST NILES COMMUNITY SERVICES DISTRICT

## APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. ENCSD (District) is an Equal Opportunity Employer and qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, and all other statuses protected by state or federal law.

<b>PERSONAL INFORMATION</b>			APPLICATION DATE
LAST NAME	FIRST NAME	MIDDLE INITIAL	TELEPHONE NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP
ARE YOU LESS THAN 18 YEARS OF AGE? If under 18, employment is subject to verification of minimum legal age) <input type="checkbox"/> YES <input type="checkbox"/> NO			OTHER NAMES USED:
HAVE YOU EVER USED ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO			DRIVING RECORD
DRIVERS LICENSE NUMBER	STATE	EXPIRATION DATE	
IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK <input type="checkbox"/> YES <input type="checkbox"/> NO			THE DISTRICT WILL CONSIDER QUALIFIED APPLICANTS, INCLUDING THOSE WITH CRIMINAL HISTORIES, IN A MANNER CONSISTENT WITH STATE AND LOCAL "FAIR CHANCE" LAWS.

<b>EMPLOYMENT DESIRED</b>		DATE AVAILABLE
POSITION APPLYING FOR	HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE/POSITION APPLIED FOR
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT	NAMES OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED:		
WE CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS. NEW HIRES MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION AND/OR TO SKILL AND AGILITY TESTS.		
CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS		

<b>EDUCATION/U.S. MILITARY SERVICE</b>		PLEASE INDICATE ANY LANGUAGES, OTHER THAN ENGLISH THAT YOU SPEAK _____ READ _____ WRITE _____	
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	MAJOR	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL			
COLLEGE			
COLLEGE			
OTHER			
PROFESSIONAL CERTIFICATES OR LICENSES HELD	ARE YOU PRESENTLY TAKING ANY EDUCATIONAL COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE		
HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MILITARY DUTIES AND TRAINING APPLICABLE TO POSITION FOR WHICH YOU ARE APPLYING:		
PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG – YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, OR ANY OTHER STATUS PROTECTED BY LAW.			

<b>REFERENCES</b>		PLEASE LIST THREE NON-RELATIVES WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES AND WORK PERFORMANCE.	
NAME AND ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
1.			
2.			
3.			
<b>EMERGENCY INFORMATION</b>		IN CASE OF EMERGENCY, NOTIFY	
NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP

EMPLOYMENT HISTORY (last 10 years is sufficient)		YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME. GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE. LISTING MOST RECENT EMPLOYMENT FIRST, INCLUDE EMPLOYED/SELF-EMPLOYED PERIODS AND PART-TIME OR SUMMER WORK (Attach additional sheets if needed)				
COMPANY NAME AND LOCATION	TELEPHONE	POSITION(S) HELD	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED END: FROM:	REASON FOR LEAVING	DESCRIPTION OF DUTIES
TYPE OF BUSINESS:			<input type="checkbox"/> YES <input type="checkbox"/> NO	END: FROM:		
TYPE OF BUSINESS:			<input type="checkbox"/> YES <input type="checkbox"/> NO	END: FROM:		
TYPE OF BUSINESS:			<input type="checkbox"/> YES <input type="checkbox"/> NO	END: FROM:		
TYPE OF BUSINESS:			<input type="checkbox"/> YES <input type="checkbox"/> NO	END: FROM:		
COMMENTS						

**ACKNOWLEDGMENTS – Please read and initial each statement and sign below where indicated.**

- \_\_\_\_\_ (Initials) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this Application and provided during the pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me may be withdrawn and, if employed, I may be subject to termination.
- \_\_\_\_\_ (Initials) I authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, and release all parties involved from any liability and responsibility for doing so. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time.
- \_\_\_\_\_ (Initials) I understand that if I am being considered for employment by this company, I will be required to submit to a post-offer physical examination and/or drug/alcohol testing (all of which will be paid for by the company) and to authorize the release of the physical examination and test results to this company. Applicants whose test results are positive (prohibited substances present as allowed by state or federal law) will not be eligible for further employment consideration.
- \_\_\_\_\_ (Initials) Upon offer of employment, verification of your identity and legal right to work in the United States will be required. The District will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.
- \_\_\_\_\_ (Initials) I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to District or District's agent information or photocopies of my military personnel and related medical records, or only the following information/records.  
\_\_\_\_\_ Service # \_\_\_\_\_
- Branch of service \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_\_ (Initials) I understand this Application for Employment or any statements made during interviews or during my employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with this company does not constitute any form of contract, implied or expressed, and such employment may be terminated at will either by myself or my employer upon notice of one party to the other. My continued employment is dependent on satisfactory performance, appropriate behavior and compliance with rules and standards, and the continued need for my services as determined by this organization.
- \_\_\_\_\_ (Initials) I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.
- \_\_\_\_\_ (Initials) I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).
- I acknowledge that I have read all of the above statements and that I understand and agree to them.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please include applicant's name in the filename when saving before emailing.