



# APPLICATION FOR EMPLOYMENT

**City of Effingham**  
**Effingham Police Department**  
 201 East Jefferson Avenue  
 P.O. Box 648  
 Effingham, Illinois 62401

### Introduction and Directions

Your application will be considered with others without regard to race, color, religion, sex, marital status, national origin, age, ancestry, handicap, disability, or other legally protected status, in accordance with all applicable legal requirements. All information contained in or connected with the application will be considered personal and confidential and used only in conjunction with your possible employment.

1.	Department for which you are applying (check one)	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Police Department
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### Personal Information

2.	Name			
		<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
3.	Present Address			
		<i>(Street)</i>	<i>(Apartment/Unit #)</i>	
		<i>(City)</i>	<i>(State)</i>	<i>(ZIP Code)</i>
4.	Home Phone No:	Area Code:	Cell Phone No:	Area Code:
5.	E-mail Address:			
6.	Date of Birth:	Social Security No.:		
7.	Do you have a valid driver's license?			<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you legally eligible for employment in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been convicted of a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe in full where convicted and disposition of the case.			
10.	Do you speak, read and/or write any foreign languages?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, which languages?			
	<i>(Note: The purpose of this question is to help assist the department in assigning work when dealing with police or fire department matters involving citizens who do not speak English.)</i>			
11.	Are you willing to participate in pre-employment testing related to the position for which you are applying?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.			
12.	Do you have the ability to perform the essential functions of the position for which you are applying?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.			
13.	Are there any workplace accommodations that would assure you better job placement and/or better enable you to perform your job duties to maximum capacity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain.			

### Employment History

14.	Have you ever worked for the City of Effingham?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Please provide details under employment history.</i>		
15.	Have you ever applied for a position with the City of Effingham?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, when?	Department:	

16.	Are you presently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Please give accurate employment record of all part-time and full-time positions. Start with your current or most recent job and list all former jobs.			
16a.	Company Name:	Telephone: <i>Area Code</i>		
	Address:	Employed (month and year)		
		From:	To:	
	Name of Supervisor:	Reason for Leaving:		
	State job title and describe your work.			
16b.	Company Name:	Telephone: <i>Area Code</i>		
	Address:	Employed (month and year)		
		From:	To:	
	Name of Supervisor:	Reason for Leaving:		
	State job title and describe your work.			
16c.	Company Name:	Telephone: <i>Area Code</i>		
	Address:	Employed (month and year)		
		From:	To:	
	Name of Supervisor:	Reason for Leaving:		
	State job title and describe your work.			
16d.	Company Name:	Telephone: <i>Area Code</i>		
	Address:	Employed (month and year)		
		From:	To:	
	Name of Supervisor:	Reason for Leaving:		
	State job title and describe your work.			
	We may contact the employers listed above unless you indicate those you do not want us to contact.			
	Do not contact the following:			
	Employer Name:			
	Reason:			
	Employer Name:			
	Reason:			
<b>Military Service Records</b>				
17.	Have you served in the U. S. Armed Forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, in what Branch?			
	Dates of Service:	From:	To:	
	Rank:	Type of Discharge:		

**Education, Training and Experience**

18.	School	Name and Address	Number of Years	Did you Graduate?	Degree/Diploma
	High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Training and Experience**

19.	School	Name and Address	Number of Years	Did you Graduate?	Degree/Diploma
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**References**

20.	(List two each)	Name and Address	Phone No.
	Work		
	Work		
	Personal		
	Personal		

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 or any other pre-employment documents shall 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. If employed, I consent to submit to and cooperate in any questioning, any searches of my assigned vehicle, locker or

bags and other belongings on or in City property that the City, in its discretion, may request. I understand that refusal to submit to or cooperate in these procedures will result in disciplinary action, up to and including immediate discharge.

In consideration of my employment, I agree to conform to the rules and regulations of the City of Effingham 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 City of Effingham 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 City Administrator, with the approval of the City Council, 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 City of Effingham. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the City of Effingham in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the City of Effingham 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, and will be required during my employment only when job-related and consistent with business necessity. I understand that refusal to submit to any physical or medical examination ordered by the City of Effingham 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 City of Effingham and is exclusively the City of Effingham'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 City of Effingham.

Signature	Date