



TOWNSHIP OF BELLEVILLE

APPLICATION FOR EMPLOYMENT

Administration Building: (Address, Phone number, Fax Number)

Please Print

Date: _____

Name: _____

Position Applied For: _____

Department: _____

Salary Desired: _____

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

A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY.

All information will be verified and all references will be checked. Information will be kept confidential and will only be communicated to those individuals who are directly involved in the screening and hiring process.

DO NOT WRITE BELOW THIS LINE

RECOMMEND FOR EMPLOYMENT: Yes No
IF NO, HOLD FOR FUTURE USE? Yes No

IF YES, START DATE: _____ START SALARY: _____

PERSONNEL OFFICER: _____ DATE: _____

The Township of Belleville IS AN EQUAL OPPORTUNITY EMPLOYER

DO YOU POSSESS A CURRENT DRIVERS LICENSE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU POSSESS A COMMERCIAL DRIVERS LICENSE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU A U.S. CITIZEN	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED OF A FELONY OR OFFENSES? IF YES PLEASE DESCRIBE	<input type="checkbox"/> YES	<input type="checkbox"/> NO

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

UNDERSTANDINGS AND AGREEMENTS

As an applicant for the position with the Township of Belleville, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Township of Belleville later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Belleville the right to investigate the information I have provided and to speak to former employers. I give the Township of Belleville the right to secure additional job-related information about me. I release the Township of Belleville and its representatives from all liability for seeking such information. I understand that the Township of Belleville will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Township of Belleville may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Belleville may make any assurances to the contrary. I understand that any offer of employment may be subjected to job-related medical, physical, drug or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Applicant's Signature: _____

Date: _____

CONDITIONS OF EMPLOYMENT

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. For your application to be considered, you must sign and date below.

Applicant's Signature: _____

Date: _____

PERSONAL

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)			TELEPHONE NUMBER	CELL PHONE NUMBER
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS)			TELEPHONE NUMBER	
ARE YOU 18 YEARS OF AGE OR OLDER? (IF NO, YOU WILL BE REQUIRED TO SHOW PROOF OF ELIGIBILITY TO WORK.)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN EMPLOYEED BY Township of Belleville				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN CONVICTED OF A CRIME, including misdemeanors and summary offenses that have not been sealed or otherwise cleared from your record? (A yes answer is not an automatic bar to employment.)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU EMPLOYEED NOW?		DATE AVAILABLE TO START WORK		HOW WERE YOU REFERRED TO US?
<input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF RELATIVE(S) OR FRIEND(S) EMPLOYEED BY Township of Belleville				
WHAT KIND OF WORK DO YOU GENERALLY PREFER? (INTERESTS AND CAREER OBJECTIVES)				
COMPLETE ONLY IF DRIVING IS AN ESSENTIAL PART OF THE JOB BEING APPLIED FOR				
DO YOU HAVE A VALID DRIVER'S LICENSE?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
PLEASE SIGN TO INDICATE YOUR AUTHORIZATION TO PERFORM A RECORD CHECK OF THE DIVISION OF MOTOR VEHICLES' FILES, UPON AN OFFER OF EMPLOYMENT:				

EDUCATION AND TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
HIGHSCHOOL OR EQUIVALENT			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL OR COMMERCIAL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU TAKING ANY COURSE OF STUDY NOW? IF YES, PROVIDE DETAILS: <input type="checkbox"/> YES <input type="checkbox"/> NO				DATE TO BE COMPLETED	
LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHIPS.					
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ACTIVITIES (i.e. EMT, firefighting training and participation, etc.) Exclude those that indicate race, religion, sex, age or national origin.					
IF YOU HAVE EMT OR FIRE FIGHTING CERT. ARE YOU WILLING TO VOLUNTEER DURING YOUR WORKDAY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WHAT COMPUTER SKILLS DO YOU HAVE AND WHAT OFFICE MACHINES CAN YOU USE? (IF APPLICABLE)					

EMPLOYMENT HISTORY

Please account for all periods of employment, including U.S. Armed Forces experience, periods of travel, and self-employment. List present or last employer first. If more space is desired, please use an additional application.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE EMPLOYED FROM: TO:
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
POSITION OR TITLE		
REASON FOR LEAVING		
MAY WE CONTACT EMPLOYER?		
<input type="checkbox"/> NOW <input type="checkbox"/> LATER <input type="checkbox"/> NOT AT ALL		

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TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
POSITION OR TITLE		
REASON FOR LEAVING		
MAY WE CONTACT EMPLOYER?		
<input type="checkbox"/> NOW <input type="checkbox"/> LATER <input type="checkbox"/> NOT AT ALL		

OTHER INFORMATION

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THAT REQUIRES WORK OF YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN PLEASE
ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN PLEASE
IN WHAT BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS DO YOU HOLD MEMBERSHIP? Exclude those that indicate race, religion, sex, age or national origin.
WHAT PROFESSIONAL LICENSES DO YOU HOLD? DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internships, school activity, apprenticeships, etc.)

REFERENCES

Exclude relatives but provide three (3) persons not previously mentioned who are most familiar with your work, ability and training.

NAME	RELATIONSHIP	POSITION

ESSENTIAL FUNCTIONS

Do not answer this section without reviewing the Job Description.

ARE YOU ABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WITH OR WITHOUT A REASONABLE ACCOMMODATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APPLICANT'S STATEMENT

I certify that these answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure.

I understand and acknowledge that, unless otherwise defines by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I understand that the misrepresentation or omission of facts called for is basis to process application further or, in the event of employment, cause for dismissal. I fully and completely understand that as a condition of employment, I must be able to perform all the duties of the position applied for. I also understand that if employed, I must abide by all rules and regulations of the employer.

Signature of Applicant: _____

Date: _____

