

City Of Darien

"A Nice Place To Live"

1702 Plainfield Road Darien, Illinois 60561

(630) 852-5000 (630) 852-4709 FAX

Employment Application

We welcome you as an applicant with the City of Darien.

- As an equal opportunity employer, the policy of the City of Darien is to employ applicants strictly on the basis of an individual's qualifications. Selections are made without regard to race, religious beliefs, sex, marital status, national origin, age, sexual orientation, or disability.
- Application is active for up to one year. After this time a new application must be completed.
- Nothing herein contained will constitute a commitment of indefinite or permanent employment

General Information

| Date: | <u></u> | |
|-------------------------------|--------------------------------------|----------|
| Name: | | |
| Last | First | Middle |
| Address: | | |
| Street | City | Zip Code |
| Telephone Number: (|) | |
| Are you lawfully permitted to | become employed in this country? Ves | No |

Employment Desired

| Position Applied For: | | | | |
|--|------------------------|----------------------|--|--|
| Days/Hours Available: | | | | |
| Earliest Start Date: | | | | |
| Are you related to anyone currently employed by the City? Yes | | | | |
| If yes, provide name, department, and relationship | hip: | | | |
| - | oyment History | | | |
| Please list your last three employers. Begin v | with your present or m | ost recent position. | | |
| Employer #1: | Telepho | ne Number: | | |
| Employer Address: | | | | |
| Title: | Start Date: | Leaving Date: | | |
| Number of hours worked per week: | May we contact of | current employer? | | |
| Reason for leaving: | | | | |
| Employer #2: | Telepho | ne Number: | | |
| Employer Address: | | | | |
| Title: | Start Date: | Leaving Date: | | |
| Number of hours worked per week: | May we contact of | current employer? | | |
| Reason for leaving: | | | | |
| Employer #3: | _ | | | |
| Employer Address: | | | | |
| Title: | Start Date: | Leaving Date: | | |
| Number of hours worked per week: | May we contact of | eurrent employer? | | |
| Reason for leaving: | | | | |

Military Background

| Have you served in the Armed Forces? | | | Yes No | |
|--------------------------------------|--|--|---|--|
| Number of Years: | | | ank: | |
| s or training acquir | ed while serving | g: | | |
| Education | | | | |
| Name & City | # of years | Graduation Date | Major/Field of Study | |
| | uttended | Bute | Study | |
| | | | | |
| | | | | |
| | | | | |
| | ed skills, trainin | g, experiences | , licenses, or | |
| | Number of sor training acquired in the sort of the sor | Education Name & City # of years attended ny special job related skills, trainin | Education Name & City # of years attended Date ny special job related skills, training, experiences | |

References

| Please give the names and addresse | s of three references. Do not include relatives. |
|---|---|
| Reference Name: | |
| Relationship: | |
| Address: | Telephone: () |
| Reference Name: | |
| Relationship: | |
| | Telephone: () |
| Reference Name: | |
| Relationship: | |
| Address: | Telephone: () |
| | |
| Арр | olicant's Statement |
| AT-WILL. This means that I do not have the ground for my termination in any way. free to terminate my employment at an programs and procedures are in place and status could be changed is if I were to e explicitly promising job security, containing | and regulations of the City. I understand that my employment is a contract of employment for any particular duration or limiting I am free to resign at any time. Similarly, the City of Darien is y time for any reason. I understand that personnel policies, may be changed from time to time. The only time my AT-WILL enter into any express written contract with the City of Darien ing the words "This is an Express Contract of Employment" and he above language contains our entire agreement about my AT-greements of any kind. |
| any misstatement or omission of fact will | nents herein contained are true and complete. I understand that I be sufficient cause for dismissal or disqualification. I hereby on on this application, and I understand that the City or its agents ination. |
| Signed | Date |