



City of Fairbury

Fairbury...where our history provides a vision for the future

www.cityoffairbury.com

201 West Locust Street, P.O. Box 228, Fairbury, Illinois 61739

MAYOR David Slagel • CITY CLERK Nancy Widlacki • CITY TREASURER Jan Ziegenhorn • CITY SUPERINTENDENT Brett Ashburn • CHIEF OF POLICE Mark Travis

OFFICE STAMP

TO: CITY OF FAIRBURY

SUBJECT: AUTHORIZATION TO OBTAIN INFORMATION

I hereby authorize the City of Fairbury to solicit information from any person or organization relative to my background, including but not necessarily limited to academic, medical, professional, employment and historical biography.

PLEASE PRINT

Name: _____
Last First Middle

Home Address: _____

Driver's License Number or State Identification Number: _____

Home Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Is email an acceptable method of communication Y N

In the past 5 years, have you been a patient in any medical facility or part of any medical facility used primarily for the care or treatment of persons for mental illness? Y N

Are you addicted to narcotics? Y N

Signature: _____ Date: _____

CITY OF FAIRBURY

PO Box 228 Fairbury, IL 61739-0228

Employment Application

An Equal Opportunity Employer

PERSONAL INFORMATION

Email Address _____

Name _____

Are you 18 years or older? YES ___ NO ___

Address _____

Phone # _____

Are you a U.S. Citizen? YES ___ NO ___ or Alien authorized to work in the United States? YES ___ NO ___

EMPLOYMENT DESIRED

American Red Cross requires lifeguards to be 15+ yrs old. Do you qualify? YES ___ NO ___

Position: _____ Salary Desired: _____

Department: _____ Applying for (circle one) full part summer regular summer pool

Date you can start: _____ Are you employed? _____ May we inquire of your present employer? _____

Street Department: Do you have a CDL license? _____ if not, is it obtainable? _____

Qualifications & experience (including licenses, training certificates, & additional education can be attached in resume form.)

FORMER EMPLOYERS List last three

Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				

EDUCATION

Name & Location of School

Years attended

Year graduated

Subjects studied

High School				
Higher Education				

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years acquainted

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

YES ___ NO ___ If yes, what can be done to accommodate your limitation?

Please describe: _____

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 shall be grounds for dismissal. I authorize investigation of all statements contained herein and 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. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date _____ Signature _____

Application will be kept on file for 1 year from date of applying.

PLEASE READ THE FOLLOWING PARAGRAPHS BEFORE SIGNING THIS APPLICATION

- I certify that information contained in this application is true and complete to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the City's service if I have been employed.
- I give the City the right to investigate all references and past employment and to secure additional information about me, if job related. I hereby release from liability the City, its employees and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
- I understand that any employment given to me as a result of my application will require that I undergo a comprehensive background investigation. I agree to cooperate in such investigation. My signature below serves as authorization for the City or any third party (collectively "Investigator") to contact other appropriate sources as a part of a background investigation on me. The City, its employees, the Investigator and any person or entity contacted is hereby released and held harmless based on information obtained or provided and any decision made based on such information obtained. A copy of my signature shall be deemed an original for purposes of obtaining information.
- I understand that either as a condition of the City's pre-employment testing process or as a condition of employment I may be required to submit to a criminal background investigation (excluding expunged juvenile records), complete satisfactorily a physical agility test, physical examination, including testing for drug and/or alcohol use, polygraph testing, psychological testing and credit check. I authorize the release of the results of those tests and exams to the City. I release the City, its employees and all third party contractors from any claim arising out of such exams and tests, and waive all rights to damages of any form I may suffer from submitting to such exams and tests.
- I hereby authorize any Municipal, County, State or Federal Criminal Justice Agency to release information concerning the existence or non-existence of any criminal record information. I agree to hold harmless the City, its employees and those Criminal Justice Agencies and their employees from any action or claim arising out of the release of such information and waive all rights to damages of any form I may suffer from the release of such information.
- I hereby authorize all present and past employers to provide the City of Fairbury with all information concerning me in their possession collected under the Omnibus Transportation Employee Testing Act of 1001 This shall include, but not be limited to, information on alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, refusals to be tested, subsequent substance abuse professional evaluations and/or determinations and return-to-duty test results. I hereby release the City of Fairbury and its employees, all present and past employers and their employees, from liability for furnishing such information and I waive all rights to damages of any form I may suffer as a result of furnishing such information or on any decision made based upon such information.
- I understand that, just as I can terminate the employment relationship at any time for any reason, so too, the City may terminate my employment or change any term or condition of employment at any time and for any or no reason, with or without notice. I understand that no representative of the City has the authority to make any assurances to the contrary.
- I understand that the City is an Equal Opportunity Employer, the City does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- I understand that it is the City's policy not to refuse to hire a qualified individual with a disability because of that person's need for an accommodation that would be required by the ADA.
- I certify that I have read and understood the foregoing agreement and that no one has made any promise or agreement contrary to it, and agree to be bound by its terms.

SIGNATURE OF APPLICANT _____ **DATE** _____

Section 3.1 Form

**PRE-EMPLOYMENT DRUG TEST
CONSENT FORM**

I, _____, hereby give my full consent to submit

Applicant's Name

to a drug test in accordance with the City of Fairbury's Drug and Alcohol Free-Workplace Policy.

I understand that prior to being hired or performing any job for the City of Fairbury, I must submit to a drug test.

I give full consent to release the results of my drug test to the authorized testing agency, who will forward the results to the Mayor of the City of Fairbury.

I agree that if I test positive for any drug or refuse to submit to the test, I will no longer be considered for employment by the City of Fairbury.

Date: _____

Applicant's Signature

Telephone Number

Print Applicant's Name