**MAYOR:** DAVID PHILLIPS



**DEPARTMENT OF PUBLIC WORKS DIRECTOR:** T.J. GEORGE CHAIRMAN: RYAN WASHKOWIAK 1001 TILTON ROAD **TILTON, IL 61833** (217) 477-0800

**Instructions:** Please Print or Type. Use check (x) where appropriate. Applicant may attach resume and/or any other supporting documentation in support of this application. Applicant's signature is required on the last page.

Applicant's Name:

| First Name  | Middle Initial   |   | Lac                                       | t Name            |
|---|--|---|---|-------------------|
| That Name   | Wildle Illidai   |   | Las                                       | t Name            |
| Applicant Address:  |  |   |   |                   |
| House #   | Apt.   | City  | State                                     | Zip               |
| Telephone Number: Home: ()  |  |   |   |                   |
| E-mail Address:   |  |   |   |                   |
| does not discriminate against applicants for emp<br>physical or mental handicap unrelated to ability,<br>qualifications and physical requirements deemed  | , or any other legally prote                               | cted status, provid   |   |                   |
| The Village of Tilton has adopted a Drug Free Viterms of the policy including, but not limited to, use of a controlled substance is prohibited in any violation of this prohibition. Applicants will be | , the fact that the unlawful<br>y Village workplace and th | quires all Village<br>manufacture, distr<br>at actions shall be | ribution, dispensing<br>taken against any | g, possession, or |
|   | QUESTIONAIRE   |   |   |                   |
| YesNo Do you hold a valid Vehicle Dri<br>Driver's License #   |  | What St   | ate                                       | _                 |
| YesNo Do you hold a Commercial Driv   | ver's License (CDL)  |   |   |                   |

\_\_\_Yes \_\_\_No Have you served in the U.S. Armed Services, Reserves or National Guard? If yes, list branch and

|         |                         | department?                                |          |                                 | yed by the Village of |                  |  |  |
|---------|-------------------------|--|----------|---------------------------------|-----------------------|------------------|--|--|
| Yes     | sNo Are you auth        | norized to work in the Unit                | ed State | s?                              |                       |                  |  |  |
| Ye      | esNo. Do you und        | lerstand the Drug & Alcoho                 | ol polic | y as listed on page of          | one?                  |                  |  |  |
| Begin v | with current or most re | <b>EMPLOY</b> cent job; list your work his |          | BACKGROUND cluding military ser |                       |                  |  |  |
| 1.      | Employer:               |  |          | Address & Phon                  | e:                    |                  |  |  |
|         | Employed From:          |  | to       |                                 | Reason Left:          |                  |  |  |
|         | Job Description/Duti    | es:  |          |                                 |                       |                  |  |  |
| 2.      | Employer:               |  |          | Address & Phon                  | e:                    |                  |  |  |
|         | Employed From:          |  | to       |                                 | Reason Left:_         |                  |  |  |
|         | Job Description/Duti    | es:  |          |                                 |                       |                  |  |  |
| 3.      | Employer:               | Address & Phone:                           |          |                                 |                       |                  |  |  |
|         | Employed From:          |  | to       |                                 | Reason Left:          |                  |  |  |
|         | Job Description/Duti    | es:  |          |                                 |                       |                  |  |  |
| 4.      | Employer:               | Address & Phone:                           |          |                                 |                       |                  |  |  |
|         | Employed From:          |  | to       |                                 | Reason Left:          |                  |  |  |
|         | Job Description/Duti    | es:  |          |                                 |                       |                  |  |  |
|         | EDUCATION               |  |          |                                 |                       |                  |  |  |
|         | School Level            | Name of School                             |          | Course Study                    | Grade Level           | Did you Graduate |  |  |
|         | High School             |  |          |                                 |                       |                  |  |  |
|         | College                 |  |          |                                 |                       |                  |  |  |
|         | Other                   |  |          |                                 |                       |                  |  |  |
|         | <u> </u>                |  | 1        |                                 |                       | -I               |  |  |

|   | nber of three references who are not related to you and are<br>e who know of your skills and abilities and who can vouch for your  |
|---|--|
| 1. Name :   | Phone:   |
| Relationship:   | City:  |
| 2. Name :   | Phone:   |
| Relationship:   | City:  |
| 3. Name :   | Phone:   |
| Relationship:   | City:  |
| Approximation and information provided in this employ information or omission may disqualify me from fur discovered later.  | tatement carefully before signing the application. plication must be signed.  ment application is true and complete. I understand that any false ther consideration for employment and may result in my dismissal if   |
| background and qualifications. I understand that any educational history, credit reports, consumer reports, authorize any person, school, current and former emprovide information relevant to such investigation are information pursuant to such investigation from all light to make a written request within a reasonable p | estigation of all statements made herein and other matters relating to my investigation conducted may include a request for employment and investigative consumer reports, driving record, and criminal history. I ployer, consumer-reporting agency, and any other organization or agency to not I hereby release all persons and corporations requesting or supplying iability or responsibility to me for doing so. I understand that I have the period for complete disclosure of the nature and scope of any investigation. It is any information which may be necessary to determine my ability to any future job if I am hired. |
| I understand that I may be required to pass a drug-sc a condition of my employment.   | creening examination. I hereby consent to a pre-employment drug screen as  |
| CONTRACT OF EMPLOYMENT NOR GUARAIF EMPLOYED, I UNDERSTAND THAT I HAV  | OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A ANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME, WE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR  |
| Applicant Signature:  | Date:  |

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION FOR USE BY THE VILLAGE OF TILTON, IL

| I,  | , do hereby authorize a review and full   |
|---|---|
| disclosure of all records concerning myself to the  | , do hereby authorize a review and full Village of Tilton, Illinois, including the Personnel Office and   |
| Police Department, whether the said records are of  | f a public, private or confidential nature.   |
| The intent of this authorization is to give my conse<br>enforcement agencies, educational institutions, and   | ent for full and complete disclosure of records of law d former employers.  |
| Lunderstand that any information obtained by a ne   | ersonal history background investigation, which is developed  |
| directly or indirectly, in whole or in part, upon this<br>suitability for employment with the Village of Tilt<br>such information concerning me shall not be held | s release authorization, will be considered in determining my ton, Illinois. I also certify that any person(s) who may furnish accountable for giving this information; and I do hereby y be incurred because of furnishing such information. |
|   |   |
| from all liability, which may be incurred because   | gents including the Personnel Office or Police Department of collecting such information. I also understand that this a consideration of my application for eligibility for on.   |
| A photocopy of this release form will be as valid a not contain an original writing of my signature.  | as the original thereof, even though the said photocopy does  |
| I have read and fully understand the contents of th   | is "Authorization for Release of Personal Information".   |
| Signature:  | Date:   |
| Address:  |   |
| . 2002  | _   |
| City  |   |