



# CITY OF NILES

## APPLICATION FOR EMPLOYMENT

### FIRE DEPARTMENT

The City of Niles considers applicants for employment without regard to race, color, religion, sex, national origin, age, disability status, marital status, or any other legally protected status.

Complete the application in its entirety. Do not write "see resume" in any blank. An incomplete application will not be considered for the position available.

|                      |  |                                 |                |     |
|----------------------|--|---------------------------------|----------------|-----|
| Position Applied For |  | Date of Application             |                |     |
| Last Name            |  | First Name                      | Middle Initial |     |
| Address Street       |  | City                            | State          | Zip |
| Telephone Number(s)  |  | Driver's License Number / State |                |     |
| Email Address        |  |                                 |                |     |

Are you at least 18 years of age? Yes      No

Have you ever been employed with us before? Yes      No

|                                    |
|------------------------------------|
| If Yes, give date(s) of employment |
|------------------------------------|

Are you currently employed? Yes      No

May we contact your present employer? Yes      No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes      No

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work?

### EDUCATION

|                                      | Yes | No | Undergraduate<br>College/University | Graduate/<br>Professional |
|--------------------------------------|-----|----|-------------------------------------|---------------------------|
| Do you have a High School Diploma?   |     |    |                                     |                           |
| College/University Name and Location |     |    |                                     |                           |
| Years Completed                      |     |    |                                     |                           |
| Diploma / Degree                     |     |    |                                     |                           |
| Describe Course of Study             |     |    |                                     |                           |

|   |  |
|---|--|
| Describe any specialized training, apprenticeship, skills, or extra-curricular activities that you consider relevant to the position you are applying for |  |
|---|--|

|  |  |
|--|--|
| State any additional information you feel may be helpful to us in considering your application |  |
|--|--|

List memberships in organizations that you consider relevant to your ability to perform the position to which you are applying:  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status*

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**REFERENCES**

Give name and telephone number of three references who are not related to you and are not previous employers

|   |
|---|
| 1 |
| 2 |
| 3 |

Have you ever had any job-related training in the United States military? Yes  No

If yes, please describe

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

|                    |                 |                      |       |                |
|--------------------|-----------------|----------------------|-------|----------------|
| Employer           |                 | Dates Employed       |       | Work Performed |
|                    |                 | From                 | To    |                |
| Street Address     |                 |                      |       |                |
| City, State, Zip   |                 | Hourly Rate / Salary |       |                |
|                    |                 | Starting             | Final |                |
| Job Title          | Supervisor Name |                      |       |                |
| Reason For Leaving |                 |                      |       |                |

|                    |                 |                      |       |                |
|--------------------|-----------------|----------------------|-------|----------------|
| Employer           |                 | Dates Employed       |       | Work Performed |
|                    |                 | From                 | To    |                |
| Street Address     |                 |                      |       |                |
| City, State, Zip   |                 | Hourly Rate / Salary |       |                |
|                    |                 | Starting             | Final |                |
| Job Title          | Supervisor Name |                      |       |                |
| Reason For Leaving |                 |                      |       |                |

**EMPLOYMENT EXPERIENCE (Continued)**

|                    |                 |                      |       |                |
|--------------------|-----------------|----------------------|-------|----------------|
| Employer           |                 | Dates Employed       |       | Work Performed |
|                    |                 | From                 | To    |                |
| Street Address     |                 |                      |       |                |
| City, State, Zip   |                 | Hourly Rate / Salary |       |                |
|                    |                 | Starting             | Final |                |
| Job Title          | Supervisor Name |                      |       |                |
| Reason For Leaving |                 |                      |       |                |

|                    |                 |                      |       |                |
|--------------------|-----------------|----------------------|-------|----------------|
| Employer           |                 | Dates Employed       |       | Work Performed |
|                    |                 | From                 | To    |                |
| Street Address     |                 |                      |       |                |
| City, State, Zip   |                 | Hourly Rate / Salary |       |                |
|                    |                 | Starting             | Final |                |
| Job Title          | Supervisor Name |                      |       |                |
| Reason For Leaving |                 |                      |       |                |

|  |     |    |
|--|-----|----|
| Transportation is required to report to fires or other emergencies. Do you have dependable transportation?   | Yes | No |
| Do you understand that, if offered employment, you must successfully pass a drug test and pre-employment physical?   | Yes | No |
| Do you understand that, if offered employment, you must successfully complete a voluntary training course and that prior to completion of training, you will receive no compensation from the City of Niles? | Yes | No |
| Have you been given a job description or had the requirements of the job explained to you?   | Yes | No |
| Do you understand the requirements of the job?   | Yes | No |
| Can you perform the requirements of this job with or without reasonable accommodations?  | Yes | No |

**APPLICANT'S STATEMENT AND RELEASE OF INFORMATION PERMISSION**

I certify the answers given herein are true and complete to the best of my knowledge. For purposes of consideration of employment, I authorize and request that my current and former employers and those people I have listed as references furnish the City of Niles with information about my employment record, including a statement of the reason for termination of my employment, work performance abilities, and other other qualities pertinent to my qualifications for employment, hereby releasing them and the City of Niles from all liability and responsibility arising from any information provided. A copy of this release is as valid as an original signature. I hereby understand and acknowledge that employment at the City of Niles is at-will. No oral representation by any City employee will create a contract of employment. No employment practice by the City is intended to create a contract of employment and no changes in the City's employment-at-will policy will be effective unless executed in writing and signed by the City Administrator or the City Council. In the event I am employed by the City of Niles, I understand that any false or misleading information given on this application or during an interview may result in discharge, no matter when the information is discovered. I understand also that I am required to abide by all the rules and regulations of the City of Niles.

|                              |            |
|------------------------------|------------|
| Signature of Applicant _____ | Date _____ |
|------------------------------|------------|

## Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. Refusal to provide this information will not subject you to adverse treatment.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Position Applied for \_\_\_\_\_ Date \_\_\_\_\_

### Referral Source:

Newspaper Advertisement    Which one? \_\_\_\_\_

Employee Referral

Web Site

Walk-In

Other

### **AFFIRMATIVE ACTION SURVEY**

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

### RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify)

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (not Hispanic or Latino)** – All persons who identify with more than one of the above five races.