



Aurora Township Application for Employment

Aurora Township is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, sexual orientation, age, color, religion, national origin, veteran status, all protected status and/or any disability as provided in the Americans with Disabilities Act. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment with Aurora Township.

PERSONAL INFORMATION

Please do not submit a resume in place of completing any part of this application. If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact the Human Resources Department at 630/897-8777.

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ E-mail address _____

Social Security Number: _____ Are you Over 18? Yes No

Are you legally eligible for employment in the United States? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including DUI? Yes No

If yes, state the offense, location, date _____

APPLICANT IS NOT OBLIGATED TO DISCLOSE SEALED OR EXPUNGED RECORDS OF CONVICTION OR ARREST PURSUANT TO SECTION 12 OF THE ILLINOIS CRIMINAL IDENTIFICATION ACT, 20 ILC 2630/12
 Note: A conviction **WILL NOT** necessarily disqualify you from employment

EMPLOYMENT DESIRED

Are you seeking Full Time Part Time Temporary or Summer Employment?

Position applying for: _____ Salary desired \$ _____ Date available: _____

Have you ever applied to Aurora Township before? Yes No Have you ever worked for the Township? Yes No

If you answered "yes" to either of the above questions, state when you applied and/or worked: _____

Where you referred by a Township employee? Yes No . If yes, please name the employee: _____

Are you related to any employee or elected official of Aurora Township? Yes No

If yes, please state their relationship to you: _____

EDUCATION

Type of School	Name & Mailing Address of School	From / To	Circle last year completed	Degree
High School			9 10 11 12	
College/University			1 2 3 4	

College/University			1	2	3	4	
--------------------	--	--	---	---	---	---	--

EDUCATION continued

Type of School	Name & Mailing Address of School	From / To	Circle last year completed				Degree
Graduate			1	2	3	4	
Technical/Business Trade School			1	2	3	4	
Other (GED, etc.,)			1	2	3	4	

EMPLOYMENT HISTORY

Please begin with your present or most recent employer and provide all the information requested. Please **DO NOT** write "see resume".

Are you currently employed? Yes No May we contact your current employer? Yes No

Have you ever been fired, or asked to resign from a job? Yes No If yes, please explain: _____

Employer _____ (_____) _____ <div style="text-align: right;">Phone Number</div>
Address: _____ <div style="display: flex; justify-content: space-between;"> Street City State Zip </div>
Dates of Employment: _____ / _____ Reason for Leaving _____ <div style="display: flex; justify-content: space-between;"> From To </div>
Title/Position: _____ Ending Salary \$ _____
Hours worked per week _____ Supervisor's name _____ (_____) _____ <div style="text-align: right;">Phone Number</div>
Employer _____ (_____) _____ <div style="text-align: right;">Phone Number</div>
Address: _____ <div style="display: flex; justify-content: space-between;"> Street City State Zip </div>
Dates of Employment: _____ / _____ Reason for Leaving _____ <div style="display: flex; justify-content: space-between;"> From To </div>
Title/Position: _____ Ending Salary \$ _____
Hours worked per week _____ Supervisor's name _____ (_____) _____ <div style="text-align: right;">Phone Number</div>
Employer _____ (_____) _____ <div style="text-align: right;">Phone Number</div>
Address: _____ <div style="display: flex; justify-content: space-between;"> Street City State Zip </div>
Dates of Employment: _____ / _____ Reason for Leaving _____ <div style="display: flex; justify-content: space-between;"> From To </div>
Title/Position: _____ Ending Salary \$ _____
Hours worked per week _____ Supervisor's name _____ (_____) _____ <div style="text-align: right;">Phone Number</div>

LICENSE / CERTIFICATION

Type: _____	Drivers	Professional
Number _____	State: _____	Expiration Date: _____

REFERENCES

Please list three (3) references that are familiar with your work history and experience.

Name: _____	(____)	Phone Number _____		
Address: _____	Street	City	State	Zip
Relationship: _____	Years know _____			

Name: _____	(____)	Phone Number _____		
Address: _____	Street	City	State	Zip
Relationship: _____	Years know _____			

Name: _____	(____)	Phone Number _____		
Address: _____	Street	City	State	Zip
Relationship: _____	Years know _____			

Please read before signing: Questions regarding this statement should be directed to any employment interviewer prior to signing.

I hereby certify that all answers to the questions herein are true, accurate and complete to the best of my knowledge. I agree and understand that any false statement, misrepresentations or omissions of fact contained in this application (or any other accompanying or required documents) may cause the rejection of this application or termination of employment without notice or benefits, regardless of how or when discovered.

I understand that all candidates hired are subject to satisfactory completion of an introductory period and a post-offer, pre-employment physical exam and drug screen. I authorize the investigation of all statements and information contained in this application. I release Aurora Township from any and all liability that might result from conducting a background investigation. I also release from liability anyone supplying information pursuant to such investigation.

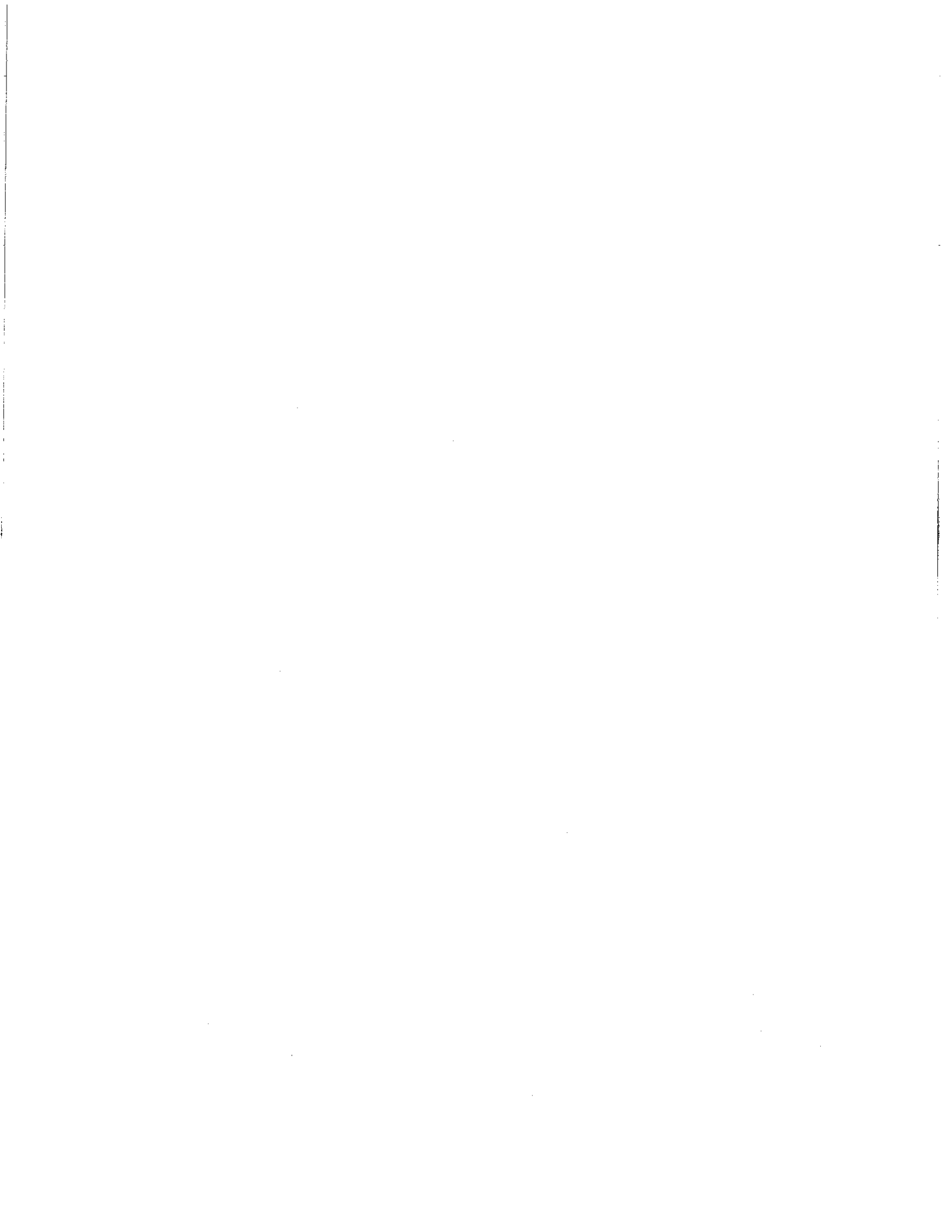
I understand that this application is not, nor is it intended to be, a contract of employment. If hired, I agree to abide by all applicable Aurora Township rules and regulations.

I acknowledge that I have read the above statement and hereby grant permission to verify the information supplied on this application for employment and employment related documents I have provided.

PRINT NAME: _____

SIGNATURE _____

Date _____



NOTICE AND ACKNOWLEDGMENT
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Aurora Township ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Aurico Reports Inc., 116 W. Eastman St., Suite 101, Arlington Heights, Illinois, 60004, (866) 255-1852, www.aurico.com or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p><u>New York and Maine applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.</p>
--

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and ARTICLE 23-A OF THE NEW YORK CORRECTIONS LAW and certify that I have read and understand all three of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Aurico Reports Inc., 116 W. Eastman

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative formation.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identify theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Ave., Suite 100, Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Affirmative Action Voluntary Information

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for _____ Date ____/____/____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you IF APPLICABLE _____

Applicant Information

Name _____ Telephone # (____) _____
Last First Middle

Address _____
Street City State Zip Code

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | | |
|---|--|--------------------------------|---|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Hispanic / Latino (White race only) | <input type="checkbox"/> White | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> Hispanic / Latino (all other races) | <input type="checkbox"/> Asian | |

For Administrative Use Only

Position(s) applied for Available Not Available Other

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date ____/____/____



©2002 G.Neil
720 International Parkway, Sunrise, FL 33325
Call 800-979-9111 or shop online at www.gneil.com to reorder
Affirmative Action Voluntary Information Form #R2-A0531 A

an Attorney Approved product from G.Neil.
G.Neil assumes no responsibility for the employer's use of this form or any decision the employer makes which may violate local, state or federal law. By selling this form, G.Neil is not giving legal advice. The purchaser of this form is granted a limited license to photocopy the completed form for its internal use only. Any other photocopying or reproducing in any form, whether in whole or in part, is strictly prohibited.

