

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 _____ (_____) _____
Phone Number

Address: _____
Street City State Zip

Dates of Employment: _____ / _____ Reason for Leaving _____
From To

Title/Position: _____ Ending Salary \$ _____

Hours worked per week _____ Supervisor's name _____ (_____) _____
Phone Number

Employer _____ (_____) _____
Phone Number

Address: _____
Street City State Zip

Dates of Employment: _____ / _____ Reason for Leaving _____
From To

Title/Position: _____ Ending Salary \$ _____

Hours worked per week _____ Supervisor's name _____ (_____) _____
Phone Number

LICENSE / CERTIFICATION

Type: _____ Drivers _____ Professional _____

Number _____ State: _____ Expiration Date: _____

REFERENCES

Please list two (2) references who are familiar with your work history and experience.

Name: _____ (_____) _____
Phone Number

Address: _____
Street City State Zip

Relationship: _____ Years known _____

Name: _____ (_____) _____
Phone Number

Address: _____
Street City State Zip

Relationship: _____ Years known _____

PLEASE READ BEFORE SIGNING:

Questions regarding this statement should be directed to the 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, misrepresentation or omission 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 _____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

In an effort to comply with requirements regarding government recordkeeping and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing the following 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 PART OF THE 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.

REFERRAL SOURCE

Check all that apply

Walk In Employee Government Employment Agency Relative School Private Employment Agency Advertisement Source _____ Other _____

APPLICANT INFORMATION

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

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> White
<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Hispanic/Latino (White race only)	<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

THANK YOU,

PLEASE PROCEED TO THE NEXT PAGE

YOU MUST READ AND SIGN THIS PAGE TO COMPLETE THE APPLICATION

**RELEASE AUTHORIZATION AND
FAIR CREDIT REPORTING ACT DISCLOSURE**

This is to notify you that in connection with your application for employment or contract, the Township may procure a consumer report or an investigative consumer report on you as part of the process of considering your application. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, the Township will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that the Township may also obtain a consumer report or an investigative consumer report including information as to your character, general reputation, criminal record, personal characteristics, educational history, credit history, driving record and mode of living. This information may be obtained through a request for criminal records. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested as required by the Fair Credit Reporting Act.

This release and authorization shall remain valid and in effect during the term of your employment or contract. The Aurora Township reserves the right to run subsequent consumer reports and/or investigative consumer reports on an as-need basis.

By signing below, I hereby voluntarily authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles and schools, and credit reporting agencies, to release such information to the Aurora Township or Consumer Reporting Agency acting on its behalf.

I also affirm that I have received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act".

Full Name: _____
Last First Middle

*Previous Names _____

*Date of Birth _____ Social Security # _____

Driver's License # _____ State of Issue _____ Type _____ Currently Valid? Yes No

*Date of birth and previous names are required for background investigation purpose only, and will be used for no other purposes.

Print Name: _____

Signature: _____ Date _____

Please note: In most situations Aurora Township will NOT research your financial credit. This release permits the Township to conduct Criminal, Sexual Offender and Driver License background checks. Questions regarding this section of the application should be directed to any employment interviewer prior to signing.