Employment Application

Village of Bloomington

Applicant Information

Full Name: _____ Date: _____
Last *First* *Middle*

Address: _____
Street *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Date Available: _____ Position Applying For: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you worked for the Village in the past? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a criminal offense? YES ☐ NO ☐

If yes, please explain: _____

*** A conviction record will not automatically disqualify an applicant from employment. Any conviction record will be considered only if the circumstances of the conviction are substantially related to the circumstances of the position sought or as otherwise permitted or required by law.*

Indicate the days you are available to work: MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN ☐

Education

High School	Years Attended	Field of Study	Degree Obtained

College/University/Technical	Years Attended	Field of Study	Degree Obtained

References

Please list three professional references:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Start with your present or most recent employment and work backward a minimum of 10 years.
Use a separate sheet if necessary. *INCLUDE PAID AND UNPAID POSITIONS*.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Employed from: _____ to: _____

Responsibilities: _____

_____

Reason for Leaving: _____ May we contact your previous employer? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Employed from: _____ to: _____

Responsibilities: _____

_____

Reason for Leaving: _____ May we contact your previous employer? Yes ☐ No ☐

we contact your previous employer? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Employed from: _____ to: _____

Responsibilities: _____

_____

Reason for Leaving: _____

May we contact your previous employer? Yes ☐ No ☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that if any false information, omission, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I understand and agree to the information shown above.

Signature: _____ Date: _____

Additional for Street/Water/Sewer Applicants

Do you have a valid Driver's License? YES ☐ NO ☐ Class? A ☐ B ☐ C ☐ D ☐ State: _____

Driver's License Number: _____ Expiration Date: _____

ACCIDENT RECORD FOR PAST 5 YEARS (This information will be verified)			
Date	**Nature of Accident**	**No. of Fatalities**	**No. of Injures**

TRAFFIC CONVICTIONS FOR PAST 5 YEARS (This information will be verified)			
Date	**Violation**	**State**	**Penalty**

DRIVING & EQUIPMENT OPERATING EXPERIENCE			
Type of Vehicle/Equipment	**Qty of Years**	**Type of Vehicle/Equipment**	**Qty of Years**

Please list where you obtained the above experience: _____

_____

Is your CDL Medical Card current? YES ☐ NO ☐ If no, explain: _____

Are you willing to take a pre-employment drug test? YES ☐ NO ☐ If no, explain: _____

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed with any previous employers? YES ☐ NO ☐

Were your previous positions designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required? YES ☐ NO ☐

Applicant Consent and Release

I hereby agree to submit to any controlled substance testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including termination. As a condition of employment, I understand I am required to comply with the Village of Bloomington's drug-free workplace policy. I understand that as required by the Village of Bloomington Policy, all applicants with positions sensitive to DOT and FMCSA requirements will be tested for controlled substances as a pre-condition for employment and, once employed by the Village of Bloomington, post-accident, random, reasonable suspicion, return to duty, and follow up testing. I consent to the sample collection. I understand, during the term of employment, a positive test result for controlled substances/alcohol will render me unqualified to operate a commercial motor vehicle among other Village of Bloomington disciplinary actions. The medical review officer will maintain the results of my test. Negative and positive results will be reported to the Village of Bloomington. If the results are positive for nonprescription drugs, the controlled substance will be identified. The result will be released to any other parties without my written authorization.

Signature: _____ Date: _____