



City of Carbondale  
 Human Resources  
 200 S. Illinois Avenue  
 Carbondale, Illinois 62901  
 Phone (618) 457-3227  
 Fax (618) 457-3288  
 Explorecarbondale.com

**EMPLOYMENT APPLICATION**

<b>AN EQUAL OPPORTUNITY EMPLOYER</b>					
If you require further accommodations to participate in the application or examination process, please inform the Human Resources Office by the closing date on the job announcement.					
Name (Last, First, Middle)					
Mailing Address					
Home Phone		Work Phone		Cell Phone	
Last four digits of your Social Security Number (Disclosure of your SSN is voluntary)		Email address (optional)			
		Position applying for			
Are you between the ages of 18-70?			Yes		No
I learned of this job opening through (check all that apply):					
City Employee	Friend or Relative	Channel 16	Website	Newspaper	Other
Type of work you will accept (check all that apply):					
Full-time	Yes	No	Part-time	Yes	No
Seasonal	Yes	No	Temporary	Yes	No
Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Provide a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else that will help us understand the nature of your work. We will evaluate the information that you provide to determine which applicants will be invited to the examination/interview for this position.					

**GENERAL INFORMATION**

Have you ever been employed by the City of Carbondale?	Yes	No	Dates: From	To
--	-----	----	----------------	----

Do you have relatives employed by the City? (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

Yes	No	If yes, indicate name & department
-----	----	------------------------------------

Driver's License Number	State of Issue
-------------------------	----------------

Commercial driver's license number (if applicable)

List any other licenses and certifications you currently hold

--	--	--

Are you a citizen of the United States?	Yes	No
---	-----	----

If no, would you be able to provide proof of authorization to work in the United States?	Yes	No
--	-----	----

Federal law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States.

**EDUCATION AND TRAINING**

	<i>Did you graduate?</i>	<i>Type of Degree</i>	<i>Course or Major</i>
--	--------------------------	-----------------------	------------------------

High School Name	Yes	No	If no, highest grade completed	GED
------------------	-----	----	--------------------------------	-----

City and State

Technical School Name	Yes	No	
-----------------------	-----	----	--

City and State

College or University Name	Yes	No	
----------------------------	-----	----	--

City and State

**SPECIAL SKILLS AND QUALIFICATIONS**

Office machines you can operate	
---------------------------------	--

--

Describe computer and other equipment operation skills. Include programs used, typing speed and other information relevant to the job for which you are applying

--

List any special training or machine operation skills that you have gained from employment, training, experience as a volunteer, or through other means:

List any foreign languages that you speak and/or comprehend

Check the appropriate skill level

Speak	Fluent	Good	Fair
Comprehend	Fluent	Good	Fair

**EMPLOYMENT EXPERIENCE**

List below all the jobs you have held in the past 10 years beginning with your present or last employer. Account for periods of unemployment. Attach supplementary pages or use white paper.

Dates of employment (month-year) From _____ To _____		Exact Title or Position
Starting salary or earnings	Average hours per week	Kind of business or organization (manufacturing, accounting, etc.)
Final salary or earnings	# Employees Supervised	
Name of employer (firm, organization, etc.)		Address of employer (including zip code)
Name of immediate supervisor		Phone number
Reason for leaving		

Description of duties and accomplishments in your work


Dates of employment (month-year) From _____ To _____		Exact Title or Position
Starting salary or earnings	Average hours per week	Kind of business or organization (manufacturing, accounting, etc.)
Final salary or earnings	# Employees Supervised	
Name of employer (firm, organization, etc.)		Address of employer (including zip code)
Name of immediate supervisor		Phone number
Reason for leaving		

Description of duties and accomplishments in your work				
Dates of employment (month-year)			Exact Title or Position	
From	To			
Starting salary or earnings	Average hours per week	Kind of business or organization (manufacturing, accounting, etc.)		
Final salary or earning	# Employees Supervised			
Name of employer (firm, organization, etc.)			Address of employer (including zip code)	
Name of immediate supervisor			Phone number	
Reason for leaving				
Description of duties and accomplishments in your work				
<b>MILITARY SERVICE RECORD</b>				
Have you ever been a member of the Armed Services of the U.S.A.?	Yes	No	Branch of service	Rank
Does your military experience have any relationship to the job for which you are applying?				
<b>REFERENCES</b>				
Give name, address, and phone number of three persons, other than former employers or relatives, who have a definite knowledge of your work.				
<i>Name</i>	<i>Address</i>		<i>Phone</i>	

**NOTICE TO ALL APPLICANTS**

**Residency Requirements:** Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 1-7 must establish residency within the City Residency Boundary within a 6-month period following the date of hire and remain residents within the Residency Boundary as a condition of continued employment.

The Residency Boundary includes all of Carbondale, Murphysboro, DeSoto and Makanda Townships and portions of Somerset and Pomona Townships in Jackson County, and portions of Grassy, Carterville and Blairsville Townships in Williamson County.

Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 8 and 9 must establish residency within Carbondale’s corporate limits within a six-month period following the date of their hire and remain residents within Carbondale’s corporate limits as a condition of continued employment.

For further information, contact the Human Resource’s Office.

**AGREEMENT, CERTIFICATION AND AUTHORIZATION**

I certify that all statements made in this application are true, complete and correct to the best of my knowledge, and that any false statement shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employer(s) to provide to the City of Carbondale representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the City of Carbondale. I hereby release any current or former employer, its agents or employees, from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability, which are written above, are knowing, intelligent and voluntary acts.

I authorize schools and other educational and technical institutions that I have attended to release my scholastic ratings or records to the City of Carbondale.

I hereby authorize the Carbondale Police Department, the Illinois State Police and/or any other law enforcement agency to release any and all information relating to my criminal record to the Human Resources Division of the City of Carbondale. I agree to release all parties from liability for any damages that may result from furnishing the same to the Human Resources Division of the City of Carbondale. I further agree to hold harmless any law enforcement agency which provides criminal history information about me to the Human Resources Division of the City of Carbondale.

I am willing and understand employment with the City of Carbondale is subject to passing a pre-employment physical examination, which may include drug and alcohol screening that are made by a Physician designated by the City of Carbondale.

I understand that as a condition of employment and within three days of being employed, I must provide documentation to provide employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

Signature of applicant	Date of application
------------------------	---------------------

## VOLUNTARY SURVEY

The City of Carbondale prohibits discrimination in employment in regard to race, color, religion, sex, age, national origin, marital status, sexual orientation, ancestry, physical or mental handicap unrelated to ability or unfavorable discharge from military service.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this information is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completing of this information is optional. If you choose to volunteer the requested information, please note that all information is kept in an Affirmative Action File and is not a part of your Application for employment or personal file.

Your cooperation is voluntary. Inclusion or exclusion of any date will not affect any employment decision.

Job applying for				Date	
Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the Affirmative Action Program. Submission of this information is VOLUNTARY.					
Check one: (Ethnic Origin)			Age		
White	Black	Hispanic	Other	American Indian/ Alaskan Native	Asian/Pacific Islander
Check if any of the following are applicable					
Vietnam Era Veteran		Disabled Veteran		Handicapped Individual	



City of Carbondale  
Human Resources  
200 S. Illinois Avenue  
Carbondale, Illinois 62901  
Phone (618) 457-3227  
Fax (618) 457-3288  
Explorecarbondale.com

## **BACKGROUND CHECK POLICY**

City of Carbondale requires applicants and employees to satisfactorily complete a background check. City of Carbondale will consider your job duties, among other factors, in determining what constitutes satisfactory completion of the background check. All information obtained because of a background check will be used solely for employment purposes.

### **Authorization**

When a background check is required, you must complete City of Carbondale's authorization form. Failure to timely complete an authorization may result in termination of City of Carbondale's consideration of your application. Falsification or omission of information may result in denial of employment or discipline, up to and including termination.

### **Confidentiality**

All background check information will be kept confidential. City of Carbondale complies with all applicable federal and Illinois state and local laws regarding background checks.

### **Administration of this Policy**

The Administrative Services/Human Resources Department is responsible for the administration of this policy. If you have any questions regarding this policy or if you have any questions about background checks that are not addressed in this policy, please contact the Administrative Services/Human Resources Department.

### **Employees Covered Under a Collective Bargaining Agreement**

The employment terms set out in this policy work in conjunction with, and do not replace, amend, or supplement any terms or conditions of employment stated in any collective bargaining agreement that a union has with City of Carbondale. (Employees should consult the terms of their collective bargaining agreement. Wherever employment terms in this policy differ from the terms expressed in the applicable collective bargaining agreement with City of Carbondale, employees should refer to the specific terms of the collective bargaining agreement, which will control)

**ACKNOWLEDGMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_ (date), I received and read a copy of the City of Carbondale's Background Disclosure Policy form dated \_\_\_\_\_, and understand that it is my responsibility to be familiar with and abide by its terms.

I understand that the information in this Policy is intended to help City of Carbondale's employees work together effectively on assigned job responsibilities.

**NOTE:** This policy is not promissory and does not set terms or conditions of employment or create an employment contract.

**NOTE:** This information is for background check purposes only.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Driver's License Number and State of Issuance

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Former Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date







18344 Oxnard St. Suite #101  
Tarzana, CA 91356  
Tel: 866-570-4949 | Fax: 866-570-5656  
clientservices@wescreenusa.com

## Disclosure And Authorization For Consumer Reports

### Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with \_\_\_\_\_, at \_\_\_\_\_, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

### Authorization

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.wescreenusa.com](http://www.wescreenusa.com)

### **California, Minnesota and Oklahoma Residents:**

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.



_____ Applicant Initials
-----------------------------

**California Applicants:**

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

**New York Applicants:**

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_(initial if this applies).

**Washington Applicants:**

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

**Please complete all of the fields below:**

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b> Please check box if you do not have a middle name.
<b>Social Security #:</b>		<b>Date of Birth:</b>
<b>Email:</b> (This is a required Field)		
<b>Current Address:</b>		<b>Previous Address:</b>
Street:		Street:
Apt or Unit #:		Apt or Unit #:
City:	State:	Zip:
City:	State:	Zip:
<b>Drivers Lic. #:</b>		<b>State Issuing:</b>
<b>Former Name/Alias:</b>		

X \_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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 information.** 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

Applicant Copy

**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. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection  1700 G Street NW  Washington, DC 20006  b. Federal Trade Commission: Consumer Response Center - FCRA  Washington, DC 20580  (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks  b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act  c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations  d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency  Customer Assistance Group  1301 McKinney Street, Suite 3450  Houston, TX 77010-9050  b. Federal Reserve Consumer Help Center  P.O. Box 1200  Minneapolis, MN 55480  c. FDIC Consumer Response Center  1100 Walnut Street, Box #11  Kansas City, MO 64106  d. National Credit Union Administration  Office of Consumer Protection (OCP)  Division of Consumer Compliance and Outreach (DCCO)  1775 Duke Street  Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings  Department of Transportation  400 Seventh Street SW  Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board  Department of Transportation  1925 K Street NW  Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Associate Deputy Administrator for Capital Access  United States Small Business Administration  406 Third Street, SW, 8th Floor  Washington, DC 20416</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access  United States Small Business Administration  406 Third Street, SW, 8th Floor  Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission  100 F St NE Washington,  DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration  1501 Farm Credit Drive  McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or  Federal Trade Commission: Consumer Response Center - FCRA  Washington, DC 20580  (877) 382-4357</p>

**Applicant Copy**