WWW.FAIRBURYIL.GOV 201 WEST LOCUST STREET, P.O. BOX 228, FAIRBURY, ILLINOIS 61739

MAYOR David Slagel • CITY CLERK Alex Reis • CITY TREASURER Dale Diller • CITY SUPERINTENDENT Brett Ashburn • CHIEF OF POLICE Chris Edwards

OFFICE STAMP

TO: CITY OF FAIRBURY

SUBJECT: AUTHORIZATION TO OBTAIN INFORMATION

I hereby authorize the City of Fairbury to solicit information from any person or organization relative to my background, including but not necessarily limited to academic, medical, professional, employment and historical biography.

PLEASE PRINT

Name: _____
Last First Middle

Home Address: _____

Driver's License Number or State Identification Number: _____

Home Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Is email an acceptable method of communication Y N

In the past 5 years, have you been a patient in any medical facility or part of any medical facility used primarily for the care or treatment of persons for mental illness? Y N

Are you addicted to narcotics? Y N

Signature: _____ Date: _____

# CITY OF FAIRBURY

Employment Application  An Equal Opportunity Employer

PO Box 228 Fairbury, IL 61739-0228

**PERSONAL INFORMATION**  Email Address _____

Name _____  Are you 18 years or older? YES ____ NO ____

Address _____  Phone # _____

Are you a U.S. Citizen? YES ____ NO ____ or Alien authorized to work in the United States? YES ____ NO ____

**EMPLOYMENT DESIRED**  American Red Cross requires lifeguards to be 15+ yrs old. Do you qualify? YES___ NO___

Position: _____  Salary Desired: _____

Department: _____ Applying for (circle one) full part summer regular summer pool

Date you can start: _____ Are you employed? _____ May we inquire of your present employer? _____

Street Department: Do you have a CDL license? _____ if not, is it obtainable? _____

Qualifications & experience (including licenses, training certificates, & additional education can be attached in resume form.)

_____

_____

_____

_____

**FORMER EMPLOYERS** List last three

| Month & Year | Name & Address of Employer | Salary | Position | Reason for Leaving |
|---|---|---|---|---|
| From / To | | | | |
| From / To | | | | |
| From / To | | | | |

| **EDUCATION** | Name & Location of School | Years attended | Year graduated | Subjects studied |
|---|---|---|---|---|
| High School | | | | |
| Higher Education | | | | |

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

| Name | Address | Business | Years acquainted |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

YES _____ NO _____ If yes, what can be done to accommodate your limitation?

_____

Please describe: _____

_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date _____  Signature _____

Application will be kept on file for 1 year from date of applying.

## PLEASE READ THE FOLLOWING PARAGRAPHS BEFORE SIGNING THIS APPLICATION

- I certify that information contained in this application is true and complete to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the City's service if I have been employed.
- I give the City the right to investigate all references and past employment and to secure additional information about me, if job related. I hereby release from liability the City, its employees and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
- I understand that any employment given to me as a result of my application will require that I undergo a comprehensive background investigation. I agree to cooperate in such investigation. My signature below serves as authorization for the City or any third party (collectively "Investigator") to contact other appropriate sources as a part of a background investigation on me. The City, its employees, the Investigator and any person or entity contacted is hereby released and held harmless based on information obtained or provided and any decision made based on such information obtained. A copy of my signature shall be deemed an original for purposes of obtaining information.
- I understand that either as a condition of the City's pre-employment testing process or as a condition of employment I may be required to submit to a criminal background investigation (excluding expunged juvenile records), complete satisfactorily a physical agility test, physical examination, including testing for drug and/or alcohol use, polygraph testing, psychological testing and credit check. I authorize the release of the results of those tests and exams to the City. I release the City, its employees and all third party contractors from any claim arising out of such exams and tests, and waive all rights to damages of any form I may suffer from submitting to such exams and tests.
- I hereby authorize any Municipal, County, State or Federal Criminal Justice Agency to release information concerning the existence or non-existence of any criminal record information. I agree to hold harmless the City, its employees and those Criminal Justice Agencies and their employees from any action or claim arising out of the release of such information and waive all rights to damages of any form I may suffer from the release of such information.
- I hereby authorize all present and past employers to provide the City of Fairbury with all information concerning me in their possession collected under the Omnibus Transportation Employee Testing Act of 1001 This shall include, but not be limited to, information on alcohol tests with a concentration result of0.04 or greater, positive controlled substances test results, refusals to be tested, subsequent substance abuse professional evaluations and/or determinations and return-to-duty test results. I hereby release the City of Fairbury and its employees, all present and past employers and their employees, from liability for furnishing such information and I waive all rights to damages of any form I may suffer as a result of furnishing such information or on any decision made based upon such information.
- I understand that, just as I can terminate the employment relationship at any time for any reason, so too, the City may terminate my employment or change any term or condition of employment at any time and for any or no reason, with or without notice. I understand that no representative of the City has the authority to make any assurances to the contrary.
- I understand that the City is an Equal Opportunity Employer, the City does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- I understand that it is the City's policy not to refuse to hire a qualified individual with a disability because of that person's need for an accommodation that would be required by the ADA.
- I certify that I have read and understood the foregoing agreement and that no one has made any promise or agreement contrary to it, and agree to be bound by its terms.

**SIGNATURE OF APPLICANT** _____ **DATE** _____

**Section 3.1 Form**

**PRE-EMPLOYMENT DRUG TEST**
**CONSENT FORM**

I, _____, hereby give my full consent to submit
Applicant's Name
to a drug test in accordance with the City of Fairbury's Drug and Alcohol Free-Workplace Policy.

I understand that prior to being hired or performing any job for the City of Fairbury, I must submit to a drug test.

I give full consent to release the results of my drug test to the authorized testing agency, who will forward the results to the Mayor of the City of Fairbury.

I agree that if I test positive for any drug or refuse to submit to the test, I will no longer be considered for employment by the City of Fairbury.

Date: _____

_____ _____
Applicant's Signature Telephone Number

_____
Print Applicant's Name

# Fingerprint Submission Consent and Notification Form
# (Used for all Licensing and Employment Screening)

The authorized agency (Agency) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant** (See Page 2) in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency for review.

## Agency Information

| Requesting Agency Name: | Requesting Agency ORI Identifier: |
|---|---|
| CITY OF FAIRBURY | ILL15711S |

Requesting Agency Address:

201 W LOCUST STREET, FAIRBURY IL 61739

| Fiscal Cost Center: (for entity responsible for paying ISP) | Purpose Code: |
|---|---|
| CITY OF FAIRBURY | Employment |

## Applicant Information

| Name: | Sex: | Race: | Date of Birth: |
|---|---|---|---|
| | | | |

| SSN (*if req. by Agency*): | DL/ State ID/ Passport # : | DL/ID State: |
|---|---|---|
| | | |

## Livescan Vendor/Appointment Information

| Live Scan Fingerprint Vendor Company Name: | Address: |
|---|---|
| | |

| Phone Number: | Appointment Date & Time: | IL Vendor License Number: |
|---|---|---|
| | | |

# Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

## Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

| |
|---|
| Applicant Name (printed): |
| Applicant Name (signature): Date: |

**THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.**