



# City of Darien

"A Nice Place To Live"

1702 Plainfield Road  
Darien, Illinois 60561

(630) 852-5000  
(630) 852-4709 FAX

## Employment Application

We welcome you as an applicant with the City of Darien.

- \* As an equal opportunity employer, the policy of the City of Darien is to employ applicants strictly on the basis of an individual's qualifications. Selections are made without regard to race, religious beliefs, sex, marital status, national origin, age, sexual orientation, or disability.
- \* Application is active for up to one year. After this time a new application must be completed.
- \* Nothing herein contained will constitute a commitment of indefinite or permanent employment

### General Information

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

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

Telephone Number: \_\_\_\_\_ (\_\_\_\_)

Are you lawfully permitted to become employed in this country? Yes\_\_\_\_ No\_\_\_\_

Have you ever been convicted of a felony?  
(Criminal convictions are not an absolute bar to employment) Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Employment Desired

Position Applied For: \_\_\_\_\_

Days/Hours Available: \_\_\_\_\_

Earliest Start Date: \_\_\_\_\_

Are you related to anyone currently employed by the City? Yes \_\_\_ No \_\_\_

If yes, provide name, department, and relationship: \_\_\_\_\_

## Employment History

**Please list your last three employers. Begin with your present or most recent position.**

**Employer #1:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_ May we contact current employer? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer #2:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_ May we contact current employer? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer #3:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_ May we contact current employer? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Military Background

Have you served in the Armed Forces? Yes\_\_\_\_ No\_\_\_\_

Branch:\_\_\_\_\_ Number of Years:\_\_\_\_\_ Rank:\_\_\_\_\_

Please describe skills or training acquired while serving:\_\_\_\_\_

\_\_\_\_\_

## Education

	Name & City	# of years attended	Graduation Date	Major/Field of Study
High School				
College/University				
Trade School				
Other				

Please summarize any special job related skills, training, experiences, licenses, or certifications that you possess:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Please give the names and addresses of three references. Do not include relatives.

Reference Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Reference Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Reference Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

## Applicant's Statement

If I am hired, I agree to abide by the rules and regulations of the City. I understand that my employment is AT-WILL. This means that I do not have a contract of employment for any particular duration or limiting the ground for my termination in any way. I am free to resign at any time. Similarly, the City of Darien is free to terminate my employment at any time for any reason. I understand that personnel policies, programs and procedures are in place and may be changed from time to time. The only time my AT-WILL status could be changed is if I were to enter into any express written contract with the City of Darien explicitly promising job security, containing the words "This is an Express Contract of Employment" and approved by the Darien City Council. The above language contains our entire agreement about my AT-WILL status and there are no oral or side agreements of any kind.

I certify that all of the answers and statements herein contained are true and complete. I understand that any misstatement or omission of fact will be sufficient cause for dismissal or disqualification. I hereby authorize the verification of the information on this application, and I understand that the City or its agents may conduct a thorough background examination.

Signed \_\_\_\_\_

Date \_\_\_\_\_