



South Central Illinois Regional Planning & Development Commission

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Serving the Illinois Counties of Clay, Effingham, Fayette, Jasper and Marion since 1972

APPLICATION FOR EMPLOYMENT

APPLICANT PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ANSWERING ANY QUESTIONS

- 1. Please print or type all information. Answer all questions as completely as space will permit. Failure to complete this application may prohibit you from proceeding in the evaluation process for this position.
2. Statements made in this application are subject to verification. False statements are cause for disqualification or dismissal.
3. Date and sign the application in all locations requested.
4. Keep a copy of the application materials for your files.

Date of Application: _____ Position Applied For: _____

Expected rate of pay: \$ _____ Hourly \$ _____ Monthly

Applicant's Name: _____ E-Mail: _____
Last First Middle

Current Address: _____
Number Street City State Zip

Telephone: (____) _____ Alternate: (____) _____ Social Security Number: ____-____-____

Please provide any other name(s) used in the past that would be necessary for verifications of prior employment and/or education: _____

Are you 18 years of age or older? [] Yes [] No

If employed and you are under 18, can you furnish a work permit? [] Yes [] No

Have you filed an application here before? _____ If yes, give date? _____

Have you ever been employed here before? _____ If yes, give date _____

Please list the names and exact relationship of any relatives who are employees of SCIRPDC:

Are you employed now? [] Yes [] No

May we contact your present employer? [] Yes [] No

Are you a U.S. citizen or can you establish that you are an authorized legal worker? [] Yes [] No

On what date would you be available to begin work? _____

What level of employment are you seeking? [] Full Time [] Part Time [] Special Assignment

Are you on layoff and subject to recall? [] Yes [] No

Have you ever been convicted of, or pled guilty or nolo contendere to any violations of the law other than a minor traffic violation? [] Yes [] No

If yes, please state what you were convicted of, when, where, penalty imposed, ultimate disposition of the charge, and state your date of birth on page 5 of this application. Your date of birth will be used for conviction verification only.

Note: Convictions are not an automatic bar to employment, but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for discharge. _____

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying either with or without a reasonable accommodation? Yes No

List any professional, trade, business or civic activities and offices held (exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone numbers of three (3) references who are not related to you and who we would not be able to contact via the list of previous employers on page three of this application.

Name of Reference	Affiliation	Mailing Address	Phone Number

EDUCATION

	HIGH SCHOOL	COLLEGE/ UNIVERSITY	COLLEGE/ UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received:				

Note: If selected for the receipt of a probationary offer of employment you will be asked to verify your educational attainment level.

Summarize any special skills and qualifications acquired from employment/ vocational experience, correspondence courses, service schools, in-service training or volunteer work (including, but not limited to, ability to type, take shorthand, word processing, computer skills, ability to operate machinery, or any other skills or abilities related to the position with the Commission for which you are applying). Also include relevant licenses or certificates (please be specific and include dates for these): _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Please explain any gaps between periods of employment. If more space is required, you may duplicate this page to continue. Resumes may not be substituted for the information requested below.

	DATES EMPLOYED		
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR (and phone if different)			
REASON FOR LEAVING			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
	DATES EMPLOYED		
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR (and phone if different)			
REASON FOR LEAVING			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
	DATES EMPLOYED		
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR (and phone if different)			
REASON FOR LEAVING			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>

	DATES EMPLOYED		JOB TITLE & WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR (and phone if different)			
REASON FOR LEAVING			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
	DATES EMPLOYED		JOB TITLE & WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR (and phone if different)			
REASON FOR LEAVING			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>

Were you ever discharged or forced to resign from any positions? YES NO

If yes, explain:

State any additional information you feel may be helpful to the Commission in considering your employment request:

APPLICANT'S ACKNOWLEDGMENTS & CERTIFICATIONS:

The applicant hereby agrees with and acknowledges the following statements in applying for employment:

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation or the presence of a disability or handicap, provided the applicant has the ability to perform the essential functions of the position applied for either with or without a reasonable accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements or material omissions on this application or any other pre-employment documents shall result in my termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize 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 hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. A copy of this authorization shall be effective as the original.

In consideration of my employment, I agree to conform to the rules, regulations and employee code of conduct of SCIRPDC and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either SCIRPDC or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by SCIRPDC in connection with the processing of my application for employment and further agree to take any such physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by SCIRPDC during my employment if I am offered and accept employment with the regional organization. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by SCIRPDC will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by SCIRPDC and is exclusively the Commission's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Commission.

Dated: _____

Applicant's Signature

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with SCIRPDC will be based on your merit and qualifications and no other considerations.

FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE

Position Considered: _____

Interviewed By: _____

Date of Interview: _____

Date of Employment Offer: _____

Comments:

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the South Central Illinois Regional Planning and Development Commission is committed to ensuring non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one whom: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process? YES NO

If yes, what kind of accommodations will you need?

- A signer
- A reader
- Extra time
- _____ Other (please describe)

Comments: _____

Provisions of test accommodations may be granted by the Commission's 504/ADA Compliance Coordinator only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.