

# APPLICATION FOR EMPLOYMENT

**Greater Egypt Regional Planning and Development Commission**

**3000 W. DeYoung Street, Suite 800B-3**

**Marion, IL 62959**

**Phone: (618) 997-9351**

**Fax: (618) 997-9354**

**AN EQUAL OPPORTUNITY EMPLOYER**

**PLEASE TYPE OR PRINT- ANSWER ALL QUESTIONS- USE INK ONLY**

An incomplete application may delay action or disqualify you.

Name \_\_\_\_\_

Last

First

Middle

Mailing Address \_\_\_\_\_

Apt. #

City

State

Zip Code

Phone Number \_\_\_\_\_

Home

Work

Cell

Social Security Number \_\_\_\_\_ Are you between the ages of 18-70 years?  Yes

Disclosure of your social security (SSN) is voluntary.

Email Address (optional) \_\_\_\_\_

**POSITION APPLYING FOR:** \_\_\_\_\_

**I learned of this job opening through (check all that applies):**

OnLine \_\_\_\_\_

Newspaper

Other \_\_\_\_\_

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 which 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 interview for this position.

## GENERAL INFORMATION

Have you been convicted of a crime or released from prison within the last 7 years:  Yes  No  
 If yes, please explain (*a conviction record will not necessarily exclude you from consideration for employment*) \_\_\_\_\_

Do you possess a valid driver's license?  Yes  No If yes, Number \_\_\_\_\_

State of issue: \_\_\_\_\_ Commercial driver's license number: \_\_\_\_\_

List any other licenses and certifications you currently hold: \_\_\_\_\_

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

## EDUCATION AND TRAINING

Have you graduated from High School or received a GED?  Yes  No If no, highest grade completed \_\_\_\_\_

### POST HIGH SCHOOL EDUCATION

	Name, City and State	Degree Earned	Specialization	From	To
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> AA Major			
Post Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> AA Major			
Other					

## SPECIAL SKILLS AND QUALIFICATIONS

What office machines do you 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

<b>Speak</b>	<input type="checkbox"/> Fluent	<b>Comprehend</b>	<input type="checkbox"/> Fluent
	<input type="checkbox"/> Good		<input type="checkbox"/> Good
	<input type="checkbox"/> Fair		<input type="checkbox"/> 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)		Exact Title or Position	
From	To		
Starting Salary or earnings	Average hours per week	Name of employer (firm, organization, etc.)	Address of employer (including ZIP Code, if known)
Final Salary or earnings	# Employees Supervised		
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)	
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	Name of employer (firm, organization, etc.)	Address of employer (including ZIP Code, if known)
Final Salary or earnings	# Employees Supervised		
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)	
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Final Salary or earnings	# Employees Supervised		
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)	
Reason for leaving			
Description of duties and accomplishments in your work			

## MILITARY SERVICE RECORD

Have you ever been a member of the Armed Services of the U.S.A.?  Yes  No

If so, what branch of Service? \_\_\_\_\_ What was your rank? \_\_\_\_\_

Does your military experience have any relationship to the job for which you are applying? \_\_\_\_\_

## REFERENCES

Give name, address, and phone number of three persons, other than former employers or relatives, who have a definite knowledge of your work.

Name

Address

Phone

## AGREEMENT, CERTIFICATION, AND AUTHORIZATION

(Please read carefully)

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 Greater Egypt Regional Planning & Development Commission 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 Greater Egypt Regional Planning & Development Commission. 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 out above are knowing, intelligent, and voluntary acts.

I authorize schools and other educational and technical institutions which I have attended to release my scholastic ratings or records to the Commission.

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 Greater Egypt Regional Planning & Development Commission. I agree to release all parties from liability for any damages that may result from furnishing the same to the Greater Egypt Regional Planning & Development Commission. I further agree to hold harmless any law enforcement agency which provides criminal history information about me to the Greater Egypt Regional Planning & Development Commission.

I am willing and understand employment with the Greater Egypt Regional Planning & Development Commission 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 Greater Egypt Regional Planning & Development Commission.

I understand that as a condition of employment and within 3 days of being employed, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of application

**Notice: All applications must be signed and dated in order to be accepted for consideration.**