

APPLICATION FOR EMPLOYMENT

Greater Egypt Regional Planning and Development Commission

3117 Civic Circle Blvd., Suite A

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 _____

Street

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	Speak	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Comprehend	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
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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	
Average hours per week		Name of employer (firm, organization, etc.)	Address of employer (including ZIP Code, if known)
# 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) From _____ To _____		Exact Title or Position	
Average hours per week		Name of employer (firm, organization, etc.)	Address of employer (including ZIP Code, if known)
# Employees Supervised			
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)	
Reason for leaving			
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Dates of employment (month-year) From _____ To _____		Exact Title or Position	
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# 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.