



CITY OF NILES

APPLICATION FOR EMPLOYMENT

FIRE DEPARTMENT

The City of Niles considers applicants for employment without regard to race, color, religion, sex, national origin, age, disability status, marital status, or any other legally protected status.

Complete the application in its entirety. Do not write "see resume" in any blank. An incomplete application will not be considered for the position available.

Position Applied For		Announcement Number		
Last Name	First Name	Middle Initial		
Address Street		City	State	Zip
Telephone Number(s)		Driver's License Number / State		
Email Address				

Are you at least 18 years of age? Yes No

Have you ever been employed with us before? Yes No

If Yes, give date(s) of employment

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work?

EDUCATION

	Yes	No	Undergraduate College/University	Graduate/ Professional
Do you have a High School Diploma?				
College/University Name and Location				
Years Completed				
Diploma / Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills, or extra-curricular activities that you consider relevant to the position you are applying for

State any additional information you feel may be helpful to us in considering your application	
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List memberships in organizations that you consider relevant to your ability to perform the position to which you are applying:
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status

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REFERENCES

Give name and telephone number of three references who are not related to you and are not previous employers

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Have you ever had any job-related training in the United States military? Yes No

If yes, please describe

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer		Dates Employed	Work Performed
		From	
Street Address			
City, State, Zip		To	
Job Title	Supervisor Name		
Reason For Leaving			

Employer		Dates Employed	Work Performed
		From	
Street Address			
City, State, Zip		To	
Job Title	Supervisor Name		
Reason For Leaving			

EMPLOYMENT EXPERIENCE (Continued)

Employer		Dates Employed	Work Performed
		From	
Street Address			
City, State, Zip		To	
Job Title	Supervisor Name		
Reason For Leaving			

Employer		Dates Employed	Work Performed
		From	
Street Address			
City, State, Zip		To	
Job Title	Supervisor Name		
Reason For Leaving			

Transportation is required to report to fires or other emergencies. Do you have dependable transportation?	Yes	No
Do you understand that, if offered employment, you must successfully pass a drug test and pre-employment physical?	Yes	No
Have you been given a job description or had the requirements of the job explained to you?	Yes	No
Do you understand the requirements of the job?	Yes	No
Can you perform the requirements of this job with or without reasonable accommodations?	Yes	No

APPLICANT'S STATEMENT AND RELEASE OF INFORMATION PERMISSION

I certify the answers given herein are true and complete to the best of my knowledge. For purposes of consideration of employment, I authorize and request that my current and former employers and those people I have listed as references furnish the City of Niles with information about my employment record, including a statement of the reason for termination of my employment, work performance abilities, and other other qualities pertinent to my qualifications for employment, hereby releasing them and the City of Niles from all liability and responsibility arising from any information provided. A copy of this release is as valid as an original signature. I hereby understand and acknowledge that employment at the City of Niles is at-will. No oral representation by any City employee will create a contract of employment. No employment practice by the City is intended to create a contract of employment and no changes in the City's employment-at-will policy will be effective unless executed in writing and signed by the City Administrator or the City Council. In the event I am employed by the City of Niles, I understand that any false or misleading information given on this application or during an interview may result in discharge, no matter when the information is discovered. I understand also that I am required to abide by all the rules and regulations of the City of Niles.

Signature of Applicant_____	Date_____
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