



APPLICATION FOR EMPLOYMENT

As part of our normal procedure for processing applications, inquiries may be made concerning information on an applicant's work, driving, criminal and educational history.

A pre-employment drug screening and physical examination, to include range of motion tests, are conditions of employment. These tests must be successfully completed prior to starting work.

In compliance with applicable laws, this company does not discriminate because of age, sex, race, color, religion, marital status, national origin, handicap or Vietnam era/disabled veteran status.

INSTRUCTIONS: Please print in black ink. Be sure to answer all questions. If any question does not apply to you, answer with "No" or "Not Applicable (N/A)." Incomplete applications may disqualify you from further consideration.

DATE APPLIED: _____

POSITION APPLIED FOR		MINIMUM SALARY REQUIREMENT
WHO REFERRED YOU TO OUR COMPANY?		
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT POSITION?	WHEN?
HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT POSITION?	WHEN?
DATE YOU WILL BE AVAILABLE IF YOUR APPLICATION FOR EMPLOYMENT IS ACCEPTED		

GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE	HOW LONG?
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	HOW LONG?
TELEPHONE NUMBER AND AREA CODE HOME ()	WORK ()	DRIVERS LICENSE # _____ EXPIRATION DATE: _____ STATE OF ISSUE: _____ TYPE: _____		
ARE YOU PREVENTED FROM BECOMING LAWFULLY EMPLOYED IN THE U.S. BECAUSE OF YOUR VISA OR IMMIGRATION STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU PHYSICALLY ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHAT ACCOMMODATIONS COULD CITYLINK MAKE WHICH WOULD ENABLE YOU TO PERFORM THE JOB FUNCTIONS PROPERLY AND SAFELY?				
HAVE YOU EVER HAD ANY OCCUPATIONAL INJURIES, ACCIDENTS, OR ILLNESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU SEEN A DOCTOR FOR ANY WORK-RELATED INJURY OR ILLNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		LENGTH OF MILITARY SERVICE FROM _____ TO _____		
HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 7 YEARS? (NOTE: CONVICTION OF A CRIME IS NOT AN ABSOLUTE BAR TO EMPLOYMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, PLEASE EXPLAIN				
NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			TELEPHONE NUMBER AND AREA CODE ()	

GOVERNMENT REGULATIONS REQUIRE THAT WE VERIFY YOUR IDENTITY AND EMPLOYMENT AUTHORIZATION WITHIN THREE (3) WORKING DAYS OF YOUR DATE OF HIRE. PLEASE BE PREPARED TO SUBMIT PROPER DOCUMENTATION.

ACTIVITIES

Current Membership in Civic, Professional, Social or Other Organizations*
Past Membership in Civic, Profession, Social, or Other Organizations*
Sports, Hobbies, and Other Interests

*Exclude those which indicate race, color, sex, age, national origin, religious preference or martial status.

SUMMARY OF QUALIFICATIONS

This space is provided for you to briefly summarize any additional qualifications you feel are important in considering your application or employment. Include here any schools, certifications or seminars that you have attended that may pertain to the position you are applying for.

APPLICANT’S STATEMENT

I certify that all statements made on this Application for Employment and in any subsequently executed medical questionnaire or any other employment documents are true and correct. I understand that any false information that I give may result in termination of my candidacy or any subsequent employment.

If an employee relationship is established, I understand that such employment is terminable at will, by either myself or CityLink and/or its affiliates (the Company), at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for a specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the General Manager of CityLink.

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company’s initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations including, but not limited to, criminal history checks from Federal, State or local authorities to ascertain any and all information of concern, whether same is of record or not, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may obtain information including, but not limited to, Department of Transportation (DOT) mandated Pre-employment, refusals to test, alcohol tests of >.04, other violations of the DOT alcohol and drug rules, and return to duty and follow-up testing compliance, as applicable, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information. I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company’s receipt of satisfactory results of such a test and, if necessary to determine ability to perform essential duties of the position offered, the results of a physical examination.

I certify that I have read, understand, and agree to the above.

Applicant’s Signature: _____ Date: _____

NOTE: THIS APPLICATION WILL BE HELD IN AN OPEN FILE FOR 6 MONTHS
AN EQUAL OPPORTUNITY EMPLOYER

DATE _____

We as an employer wish to voluntarily comply with various Federal, State, and Local Laws and Regulations which require us to monitor our Equal Employment Opportunity status on a continuing basis. In addition, we wish to voluntarily comply with the various laws and regulations which protect the handicapped, disabled veterans and Vietnam era veterans. We ask for you to assist us in our monitoring efforts by completing this form.

Submission of this information by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested.

This information will not be kept as part of your Application For Employment, and will only be used to identify you for Government reporting purposes.

We appreciate your assistance.

POSITION APPLIED FOR _____

SOCIAL SECURITY NUMBER (Optional) _____

**GROUP STATUS
(CHECK ONE)**

- 1. Hispanic or Latino
- 2. White (not Hispanic or Latino)
- 3. Black or African American (not Hispanic or Latino)
- 4. Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- 5. Asian (not Hispanic or Latino)
- 6. American Indian or Alaska Native (not Hispanic or Latino)
- 7. Two or More Races (not Hispanic or Latino)

**VETERAN/HANDICAP STATUS
(CHECK ONE)**

- 0. Not Applicable
- 1. Handicap - Not Veteran
- 2. Vietnam Veteran - Not Disabled
- 3. Vietnam Veteran - Disabled
- 4. Other Veteran - Disabled
- 5. Other Veteran

**SEX
(CHECK ONE)**

- Male (M)
- Female (F)

Age: _____

Birthdate: _____

M D Y

**REFERRAL SOURCE
(CHECK ONE)**

- 1. Mail In
- 2. State Agency
- 3. Walk In
- 4. Employee Referral
- 5. Advertisement: _____
- 6. Employment Agency
- 7. Peoria Help Wanted
- 8. Peoria Journal Star
- 9. Other _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with CityLink, I authorize all past employers and educational institutions to release information about my work history and education for use in determining my qualifications for this position.

Information that will be requested:

Past Employers:

- Dates of Employment
- Positions Held
- Responsibilities and duties performed
- Reason for Leave
- Eligibility for rehire
- Drug Test results or refusal to take a drug test
- Salary Information

Educational Institutions:

- Years of attendance
- Degree obtained
- Transcript

Please initial:

_____ All information requested

Signature

Date

Printed name

Social Security #

CRIMINAL BACKGROUND CHECK / MOTOR VEHICLE RECORD / CREDIT CHECK

Subject's Last Name

First Name

Middle Name

Date of Birth

Sex

Race

Social Security Number

Driver's License Number

DL State

Subject's Maiden Last Name

ALL POSITIONS

I give my authorization for CityLink to do a Criminal Background Check, Motor Vehicle Record and/or Credit Check for employment purposes.

Signature: _____

Printed Name: _____

Date: _____