

An Equal Opportunity Employer 325 N. O'Plaine Road Gurnee, IL 60031 Phone: 847-599-7500 www.gurnee.il.us

The Village of Gurnee Department accepts for employment and promotes its employees without regard to any status or class protected by federal, state, or local law. The Village of Gurnee bases its hiring practices and promotions on merit, experience, education and other qualifications applied to all candidates and in accordance with the principles of equal employment opportunity and as required by any other applicable federal, state, or local law. The Village of Gurnee complies with the American with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify the Village of Gurnee Human Resources Director in advance.

Read every question carefully and answer each question accurately. Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by the Village of Gurnee. Any false statements on this application will be considered sufficient cause for dismissal. Candidates not meeting the minimum qualifications for the position will not be considered.

Any questions concerning the employment process should be directed to the Village of Gurnee Human Resource Department, 325 N. O'Plaine Road, Gurnee, IL 60031; telephone number (847) 599-7500.

Office use only: Date received:	Time received:	by:		
Application deadline: Apply immediately; open until filled.				
5	e, 325 N. O'Plaine Road, Gu <u>chrisn@village.gurnee.il.us</u>	ırnee, IL 60031		
COMPLETE ALL REQU	IESTED INFORMATION IN ITS I	ENTIRETY		
Name				
Street Address – City – State – Zip				
Best Number to Contact You:				
Email address (required for correspondence)				
Are you at least 18 years of age?		YES	NO	
U.S. Citizen or Naturalized Citizen eligible to work in the United States?		YES	NO	

Why are you interested in the Crossing Guard position?

SCHOOL CROSSING GUARD 2020

EMPLOYMENT HISTORY

List <u>ALL</u> employment / positions you have had for the last ten (10) years in <u>chronological order</u>. Include military service, unpaid employment (internship / training), volunteer work, and periods of unemployment / layoff. Attach an additional sheet if necessary.

Current / Most Recent Emp	loyer:		
From Mo/Yr	to Mo/Yr	Full time	Part time
Employer / Company Name			
Address – City – State – Zip			
Supervisors name / title		Phone #	
Reason for leaving			
Previous:			
From Mo/Yr	to Mo/Yr	Full time	Part time
Employer / Company Name			
Address – City – State – Zip			
Supervisors name / title		Phone #	
Reason for leaving			
Previous:			
From Mo/Yr	to Mo/Yr	Full time	Part time
Employer / Company Name			
Address – City – State – Zip			
Job title / duties			
Supervisors name / title		Phone #	
Reason for leaving			
Previous:			
From Mo/Yr	to Mo/Yr	Full time	Part time
Employer / Company Name			
Address – City – State – Zip			
Supervisors name / title		Phone #	
Reason for leaving			

SCHOOL CROSSING GUARD 2020

BACKGROUND RELEASE AND AUTHORIZATION

Acknowledgment: I, the undersigned, certify that I have read and fully comprehend this application for employment in its entirety. I acknowledge that the information provided on this application for employment and other submitted application materials is true, complete, and correct to the best of my knowledge. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information in connection with this application for employment / other submitted application materials, whenever or however discovered, may result in the rejection of my application for employment or termination of employment without notice or benefits. I understand that submission of an application for employment does not obligate the Village of Gurnee or its officials, Civil Service Commission, employees, appointees, contractors, agents or representatives - hereinafter jointly termed "the Employer" - to engage in further review of my application for employment. I understand that this document does not constitute an offer of employment or employment contract and establishes no obligation on the part of the Employer to employ me. I understand it is the policy of the Employer that the results of any examination or other inquiries made as part of any testing. background and/or screening process are the property of the Employer, and, as such, the Employer is under no obligation to share the results of any examination or other inquiries with the candidate, unless specifically required to do so by state or federal law. In signing this document, I understand that I am releasing or giving up certain potential legal rights. I further acknowledge that I have fully read this document and am fully aware of the consequences thereof. Being so informed, I knowingly and voluntarily execute this release. A duplicate of this form shall carry the same force as the original. This document is effective for two years from date signed.

Authorization: I hereby authorize a comprehensive investigation into my background, including, but not limited to, all statements contained in this application and any other document(s) submitted in connection therewith, and permit the Employer to obtain and use all information relating to my previous and current employment, education, military record, credit record, criminal conviction history, activities, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment. I authorize any employee or representative of the Employer to search LInX/N-DEx to obtain information regarding my qualifications and fitness to serve as a Police Officer. I understand that LInX/N-DEx is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in LInX/N-DEx may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in LInX/N-DEx will not be disclosed to any other person or agency unless authorized and consistent with applicable law. I release the Employer from any liability or damage that may result from the use of information obtained from LInX/N-DEx.

I authorize the Employer to request and receive such information. I authorize my previous employers, the educational institutions I attended, any other organizations and individuals to disclose information about me on the subjects covered by this application form or related documents to the Employer. I agree to cooperate in such an investigation. As part of the procedure for processing my employment application, an investigative inquiry may be made into my background, which will concern my character and general reputation. Under the Fair Credit Reporting Act, I am entitled, upon my written request, to receive information as to the nature and scope of the investigation. I consent to release to the Employer any and all records prepared during the medical examination(s) and/or drug screening I am required to undergo for employment with the Employer.

Release of All Claims: Any individual, educational institution, organization or business entity is hereby released from any and all liability for any damages, which may arise as a result of providing such information. I also agree to release the Employer from any and all liability arising from the use of the information obtained through the investigation of my background and any action taken based on such information. I hereby fully release and discharge the Employer, its successors, heirs, executors, administrators and assigns, from all rights, claims, and damages, whether to person or property, whether known, unknown, foreseen or unforeseen, and all actions of any type whatsoever, which I may have against the Employer arising out of my participation in the employment process. This release is intended to release all claims for injuries, damages, or loss of any kind whatsoever to me, my persons or property, real or personal, whether known, unknown, foreseen, or unforeseen which I may have against the Employer. I understand and acknowledge the significance and consequences of such specific intention to release all claims and do hereby assume full responsibility for any and all expenses, liabilities, injuries, damages, and/or losses that may incur from participating in the employment process.

Printed Name_____

Signature___

Date _____



Gurnee, IL 60031 847-599-7500

The Village of Gurnee collects the following information to evaluate its recruitment practices. Disclosure of information is on a voluntary basis. The information disclosed is confidential and will be maintained separate from your employment application. Submission or non-submission of this form shall not be used as a factor concerning eligibility for employment.

Position applied for:	SCHOOL CROSSING GUARD
Recruitment Date:	2020

Recruitment Date:

Gender	□ Male	□ Female		
Race / Ethnicity:				
□ Hispanic or Latino				
Non-Hispanic or Latino (select <u>one</u> box only):				
American Indian or Alaska Native				
□ Asian				
□ Native Hawaiian or Other Pacific Islander				
Black or African American				
□ White				
□ Two or More Races				

How did you FIRST learn of this opportunity?

Gurnee website / Social Media (Facebook, Twitter) posting

- □ Informed by a current Village of Gurnee employee
- □ Informed by a friend or a relative
- □ Other source– please indicate _____