



*City of Freeport, Illinois*  
**APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS:** Please complete this application completely and accurately. Use the term “DNA” (does not apply), if the question does not apply to you. Be sure to sign and date the application.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position applied for: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed by the City of Freeport before?     Yes                       No

Are you legally authorized to work in the United States?        Yes                       No

Are you a United States Military veteran?                             Yes                       No

As part of the hiring process we will be doing an extensive background investigation. Is there anything in your past of which you would like us to be aware or which might reflect adversely upon you?     Yes     No

**PREVIOUS EMPLOYMENT:** Begin with the most recent position.

Current or most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?     Yes     No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?     Yes     No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?     Yes     No

**EDUCATION:** Name and location of school.

High School: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Business / Trade: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

College/University: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate/Prof.: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

**CONTINUING EDUCATION and/or SPECIAL TRAINING or SKILLS:**

List additional information that would be of benefit in the job for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUALIFICATIONS:**

- Do you currently have a CDL Class B license?  Yes  No
- Have you ever held a CDL license?  Yes  No
- Do you have building trades or construction experience?  Yes  No
- Are you able to operate light equipment as required?  Yes  No
- Are you able to perform physical labor in all outdoor conditions?  Yes  No
- Are you able to physically lift in excess of 50 pounds?  Yes  No

**SPECIALIZED SKILLS:** Please check all equipment that you have operated or skills you possess.

- Riding Mowers     Forklifts     Tractor     Skid Loader     Snow Plow
- Dump Truck     Street Sweeper     Painting     Laid Cement     Tree trimming

***Please read and understand the following statement before signing your application:***

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of employment.

In consideration of my employment, I agree to conform to the City of Freeport's rules and regulations, and I agree that without a union or employment contract stating otherwise, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, either at my or the City of Freeport's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the City.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***The City of Freeport is an equal employment opportunity employer and does not discriminate on the basis of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law. In addition, the City of Freeport will provide reasonable accommodations for qualified individuals with disabilities.***



## **NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT**

In accordance with the requirements of the title II of the Americans with Disabilities Act of 1990 (“ADA”), the City of Freeport will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

*Employment:* The City of Freeport does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA.

*Effective Communication:* The City of Freeport will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City of Freeport’s programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

*Modifications to Policies and Procedures:* The City of Freeport will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcome in the City of Freeport offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the City of Freeport, should contact Director of Public Works/ADA Officer, 314 W. Stephenson Street, Freeport, Illinois 61032 or call (815) 297-1166 as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the City of Freeport to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of the City of Freeport is not accessible to persons with disabilities should be directed to the Director of Public Works/ADA Officer, 314 W. Stephenson St, Freeport, Illinois 61032 or call (815) 297-1166.

The City of Freeport will not place a surcharge on a particular individual with a disability or any group of individuals with disability to cover the cost of providing auxiliary aids/service or reasonable modifications or policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.



**CITY OF FREEPORT  
GRIEVANCE PROCEDURE UNDER  
THE AMERICANS WITH DISABILITIES ACT**

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Freeport. The City's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Director of Public Works/ADA Officer  
314 W. Stephenson St.  
Freeport, IL 61032

Within 15 calendar days after receipt of the complaint, the Director of Public Works/ADA Officer or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the Director of Public Works/ADA Officer or his/her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of Freeport and offer options for substantive resolution of the complaint.

If the response by the Director of Public Works/ADA Officer or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the ADA Commission or its designee.

Within 15 calendar days after receipt of the appeal, the ADA Commission or its designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the ADA Commission or its designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the Director of Public Works/ADA Officer or his/her designee, appeals to the ADA Commission or its designee, and responses from these two offices will be retained by the City of Freeport for at least three years.