



HUMAN RESOURCES

109 E. Olive Street
Bloomington, Illinois 61701

(309)434-2215
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www.cityblm.org

E-mail: hr@cityblm.org

APPLICATION FOR SEASONAL EMPLOYMENT

Equal Employment

The City of Bloomington makes all hiring decisions without regard to an applicant's gender, race, ethnicity, national origin, religion, age, marital status, veteran status, disability or any other category protected by local, state, or federal law.

PLEASE PRINT ANSWERS TO ALL QUESTIONS AND COMPLETE ALL SPACES ON APPLICATION EVEN IF SUBMITTING RESUME.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------|--------------------|------------------|-----------|----------------|----------------|-------------|------------------------|-------|--------------|---------------------|---------|---|-------------|-------|--|--|-------|-----------------|-------------------------------|------------|-------|---------|-------|----------------------------|-------|--|
| <p>Circle all positions applied for:</p> <table border="0"> <tr> <td>Seasonal Laborer</td> <td>Golf Course</td> </tr> <tr> <td>Park Maintenance</td> <td>Clubhouse</td> </tr> <tr> <td>Refuse/Streets</td> <td>Starter/Ranger</td> </tr> <tr> <td>Golf Course</td> <td>Miller Park Zoo</td> </tr> <tr> <td>Water</td> <td>Zoo Programs</td> </tr> <tr> <td>SOAR Program</td> <td>Cashier</td> </tr> <tr> <td>Sports Programs (Please specify)</td> <td>Animal Care</td> </tr> <tr> <td>_____</td> <td>Miscellaneous Technician (Please specify)</td> </tr> <tr> <td></td> <td>_____</td> </tr> <tr> <td>Aquatics</td> <td>Other (Please specify)</td> </tr> <tr> <td>Lifeguards</td> <td>_____</td> </tr> <tr> <td>Cashier</td> <td>_____</td> </tr> <tr> <td>Day Camp Counselors</td> <td>_____</td> </tr> </table> | | Seasonal Laborer | Golf Course | Park Maintenance | Clubhouse | Refuse/Streets | Starter/Ranger | Golf Course | Miller Park Zoo | Water | Zoo Programs | SOAR Program | Cashier | Sports Programs (Please specify) | Animal Care | _____ | Miscellaneous Technician (Please specify) | | _____ | Aquatics | Other (Please specify) | Lifeguards | _____ | Cashier | _____ | Day Camp Counselors | _____ | <p>What hours and days are you available to work (including holidays, weekends and evenings)?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What is the first day you are available for work? _____</p> <p>What is the last day you are available for work? _____</p> <p>Have you ever been employed by the City of Bloomington?</p> <p style="text-align: center;">Yes No</p> <p>Date(s): _____</p> <p>Position(s) held: _____</p> |
| Seasonal Laborer | Golf Course | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Park Maintenance | Clubhouse | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refuse/Streets | Starter/Ranger | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Golf Course | Miller Park Zoo | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Water | Zoo Programs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOAR Program | Cashier | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sports Programs (Please specify) | Animal Care | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Miscellaneous Technician (Please specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aquatics | Other (Please specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lifeguards | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cashier | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day Camp Counselors | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Rate of Pay Expected</p> <p>\$ _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|----------------------------|--|
| Name (last, first, middle) | Social Security Number |
| _____ | _____ |
| Street Address | Home Phone |
| _____ | _____ |
| City, State, Zip Code | May we contact you at work? Yes No |
| _____ | Work Phone |
| | _____ |

Personal Data

In case of an emergency, please contact

Phone

Please circle your response:

If applying for a Seasonal Laborer Position: Do you have a valid driver's license? **Yes** **No** (If yes, answer next question)

Do you anticipate a change in the status of your driver's license in the near future? **Yes** **No**

Do you have the legal right to live and work in the United States? **Yes** **No**

If you are under 18 years of age, please check.

Have you ever served in the armed forces? **Yes** **No**

Branch

Relatives employed by City of Bloomington

Have you ever been discharged or asked to resign employment? **Yes** **No**

If yes, state reason

Have you ever been convicted of a felony? **Yes** **No**

If yes, give details

List three reference, **exclude relatives and previous employers**

Name

Address

Phone

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Education

CIRCLE LAST YEAR COMPLETED
IF STILL IN SCHOOL

High School (Name, Address, Phone)

| | | | | |
|----------|---|----|---|--------------------------------|
| 1 | 2 | 3 | 4 | |
| Graduate | | | | Class Standing |
| Yes | | No | | Top 1/3 Middle 1/3 Low 1/3 |

College, University, Vocational, or Business School (Name, Address, Phone)

| | | | | |
|----------|---|----|---|-----------------|
| 1 | 2 | 3 | 4 | |
| Graduate | | | | Degree received |
| Yes | | No | | Major/Minor/GPA |

Positions held in campus societies or organizations, scholastic honors, scholarships, etc. (optional where such disclosure might reveal membership in a class protected by law, including age, race, sex, etc.)

If work or education is under a different name (i.e. maiden name), indicate the name and what education or employer it references.

Employment History

List all previous experience (including U.S. Military record and periods of unemployment), beginning with present position. Attach resume, if necessary. If there were periods where you were self-employed or unemployed, list name and address of persons who can verify your activities during this period(s).

| | | | |
|--|-------------------------------------|-----------------------|-------|
| Employer | | Address (City, State) | Phone |
| Date started | Starting salary/wage (annual) \$ | Starting position | |
| Date ended | Ending salary/wage (annual) \$ | Position upon leaving | |
| Name and title of supervisor | | Reason for leaving | |
| Brief description of your responsibilities | | | |
| Employer | | Address (City, State) | Phone |
| Date started | Starting salary/wage (annual) \$ | Starting position | |
| Date ended | Ending salary/wage (annual) \$ | Position upon leaving | |
| Name and title of supervisor | | Reason for leaving | |
| Brief description of your responsibilities | | | |
| Employer | | Address (City, State) | Phone |
| Date started | Starting salary/wage (annual) \$ | Starting position | |
| Date ended | Ending salary/wage (annual) \$ | Position upon leaving | |
| Name and title of supervisor | | Reason for leaving | |
| Brief description of your responsibilities | | | |

Additional Information: Indicate any further information that may be relevant to your ability to perform in the position for which you have applied.

Equipment Experience: List equipment you have operated as it relates to the position for which you have applied.

Certification

By signing below, I certify that I have not withheld any information that might adversely affect my chances for employment with the City of Bloomington (hereafter referred to as the "City") and that all information I have given is true and correct to the best of my knowledge.

I understand that any omission or material misstatement on my application, resume or other document submitted in support of my application, or during any pre-employment interview, shall be grounds for rejection of my application or, if I am employed by the City, for discipline up to and including immediate termination.

I understand that any offer of employment by the City of Bloomington may be contingent upon the results of a reference and background check, post offer physical, drug/alcohol test or other pre-employment testing.

Date

Applicant's Signature

Authorization for Background and Reference Check

I authorize the City to thoroughly investigate my references, work record, education, criminal conviction record and any other matters relevant to my suitability for employment. I also authorize my former employers to disclose to the City, or to anyone acting on behalf of the City, any and all of my employment records, including my disciplinary reports and letters of reprimand, without giving me notice of such disclosure. I hereby fully release and discharge the City, my former employers, their respective officers, employees and agents, and all other persons and entities from any and all claims, demands, and liabilities arising out of or in any way relating to such investigation or disclosure.

Date

Applicant's Signature

Please ensure all questions on this application have been completed, even if a resume is submitted. An original application must be received by the Human Resources Department.

Thank you for your interest in employment opportunities with the City of Bloomington.

Your application will be active for 60 days.



Equal Opportunity Survey

In compliance with the Federal and State Equal Opportunity requirements, the City of Bloomington requests the following information for statistical purposes only. Completion of this form is voluntary and will be maintained separately from your application. Information provided will not be considered in any employment decisions.

Position applied for: _____ **Date:** _____

Sex: Male ___ Female ___ **Age:** _____

Disability ___ **Veteran** ___ (check only if applies)

Individuals requesting disability accommodations must contact the Human Resources Department prior to the start of the application process.

Referral Source:

- ___ Walk-in ___ Friend/Relative ___ High School Campus ___ Radio
- ___ College Campus ___ City Employee ___ Advertisement in: ___ Other
- ___ Sent in Resume ___ City Website _____

Please specify the group to which you belong, identify with, or regard in the community as belonging. Only choose *one* race/ethnic category.

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.