



# Village of Rantoul Affirmative Action Data Record

Rantoul Police Department . 109 East Grove Avenue . Rantoul, IL 61866 (217) 893-0988

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

### Please Print

Last name		First name		Middle name	
Address			City	State	Zip
Phone numbers				Social security number	

### Referral Source

- Advertisement
- Friend
- Employee
- Walk-In
- Relative
- Government Employment Agency
- Private Employment Agency
- Other \_\_\_\_\_

### Additional Information

Current job \_\_\_\_\_

Gender  Male  Female

Ethnic origin  White  Black  Hispanic  Other  
 American Indian / Alaskan Native  Asian/Pacific Islander

YES NO

Vietnam era veteran

Disabled veteran

Disabled individual

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# Village of Rantoul Application for Employment

Rantoul Police Department . 109 East Grove Avenue . Rantoul, IL 61866

(217) 893-0988

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.**

Name

Position

Date

**Please Print**

Position(s) applied for \_\_\_\_\_

Date of application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

How did you learn about this position?

Advertisement    Employment agency    Friend    Relative    Walk-In    Other \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone numbers \_\_\_\_\_

Social security number \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?

YES    NO

If YES, give the date \_\_\_\_\_

Have you ever filed an application with us before?

YES    NO

If YES, give the date \_\_\_\_\_

Have you ever been employed with us before?

YES    NO

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.

Are you currently on "lay-off" status and subject to recall?

YES    NO

Can you travel if a job requires it?

YES    NO

Are you available to work:    Full Time    Part Time    Shift Work    Temporary

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

If you are applying for a police position, have you ever been convicted of a felony?

YES    NO

For all other positions, have you ever been convicted of a felony within the last 7 years?

YES    NO

If yes, please explain. \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

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	Name & address of school	Course of study	Years completed	Diploma/ Degree
Elementary school				
High school				
Undergraduate college				
Graduate professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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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, disabilities or other protected status.

If you need additional space, please continue on a separate sheet of paper.

<b>1.</b>	Employer	Dates employed		Work performed
		from	to	
Address				
Phone no.(s)		Hourly rate / salary		
		starting	final	
Job title	Supervisor			
Reason for leaving				
<b>2.</b>	Employer	Dates employed		Work performed
		from	to	
Address				
Phone no.(s)		Hourly rate / salary		
		starting	final	
Job title	Supervisor			
Reason for leaving				
<b>3.</b>	Employer	Dates employed		Work performed
		from	to	
Address				
Phone no.(s)		Hourly rate / salary		
		starting	final	
Job title	Supervisor			
Reason for leaving				
<b>4.</b>	Employer	Dates employed		Work performed
		from	to	
Address				
Phone no.(s)		Hourly rate / salary		
		starting	final	
Job title	Supervisor			
Reason for leaving				

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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# Additional Information

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## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills

Check skills and equipment operated

Production/Mobile Machinery (list)

Other (list)

- |                                     |  |       |       |
|-------------------------------------|--|-------|-------|
| <input type="checkbox"/> Computer   | <input type="checkbox"/> Spreadsheets    | <hr/> | <hr/> |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Word Processing | <hr/> | <hr/> |
| <input type="checkbox"/> Fax        | <input type="checkbox"/> Internet        | <hr/> | <hr/> |

State any additional information you feel may be helpful to us in considering your application.

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**Not to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

## References

1. Name 

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 Phone # ( 

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Address 

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2. Name 

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 Phone # ( 

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Address 

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3. Name 

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 Phone # ( 

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Address 

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# Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

## for personnel department use only

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	YES	NO	Interviewer	Date
Arrange interview	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hourly rate / Salary _____	By (name & title) _____
Date of employment	_____	_____	Department _____	Date _____

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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