



South Central Illinois Regional Planning Development Commission

120 Delmar Avenue / Suite A - Salem, Illinois 62881-2000

Phone: (618) 548-4234 Fax: (618) 548-4236 www.scirpdc.com

Serving the Illinois Counties of Clay, Effingham, Fayette, Jasper and Marion since 1972

SCIRPDC APPLICATION FOR EMPLOYMENT

Date of Application: _____ Position Applied For: _____

Expected Rate of Pay: \$ _____ Hourly \$ _____ Monthly

Applicant's Name: _____ E-Mail: _____
Last First Middle

Current Address: _____
Number Street City State Zip

Phone: _____ Alternate Phone: _____ Social Security Number: _____ - _____ - _____

Please provide any other name(s) used in the past that would be necessary for verifications of prior employment and/or education:

Are you 18 years of age or older? ☐ YES ☐ NO

Have you filed an application here before? ☐ YES ☐ NO If yes, give date? _____

Have you been employed here before? ☐ YES ☐ NO If yes, give date(s)? _____

If applicable, please list the name(s) and exact relationship of any relative who is an employee or board member of SCIRPDC:

Are you employed now? ☐ YES ☐ NO

May we contact your present employer? ☐ YES ☐ NO

Are you a U.S. citizen or authorized legal worker? ☐ YES ☐ NO

On what date would you be available to begin work? ☐ YES ☐ NO

Have you ever been convicted of, or pled guilty or nolo contendere to any violations of the law? ☐ YES ☐ NO

If yes, please state what you were convicted of, when, where, penalty imposed, ultimate disposition of the charge. Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied.

Do you have the physical ability to perform all essential duties of the job for which you are applying with or without reasonable accommodation? ☐ YES ☐ NO

List any professional trade, business or civic activities and offices held (exclude those which indicate race, color, religion, sex or national origin):

Give name, address and telephone number of three (3) references.

Name	Affiliation	Address	Contact Number
(1)			
(2)			
(3)			

EDUCATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY	COLLEGE/UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Years Completed (Circle/Mark)	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Other Specialized Training				
Honors Received:				

Note: If selected for employment, you will be asked to verify your educational attainment level.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and noteworthy volunteer activities. Please explain any gaps between periods of employment. If more space is required, you may duplicate this page. Resumes may be substituted for the tables below ONLY IF all information requested is included.

EMPLOYER INFORMATION	DATES EMPLOYED		JOB TITLE & WORK PERFORMED
	FROM	TO	
EMPLOYER NAME			
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR NAME (and phone if different)			
REASON FOR LEAVING			

EMPLOYER INFORMATION	DATES EMPLOYED		JOB TITLE & WORK PERFORMED
	FROM	TO	
EMPLOYER NAME			
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR NAME (and phone if different)			
REASON FOR LEAVING			

EMPLOYER INFORMATION	DATES EMPLOYED		JOB TITLE & WORK PERFORMED
	FROM	TO	
EMPLOYER NAME			
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR NAME (and phone if different)			
REASON FOR LEAVING			

EMPLOYER INFORMATION	DATES EMPLOYED		JOB TITLE & WORK PERFORMED
	FROM	TO	
EMPLOYER NAME			
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR NAME (and phone if different)			
REASON FOR LEAVING			

Were you ever discharged or forced to resign from any positions? ☐ YES ☐ NO

If yes, please explain:

State any additional information you feel may be helpful to SCIRPDC in considering your employment request:

APPLICANT'S ACKNOWLEDGEMENTS & CERTIFICATIONS

The applicant hereby agrees with and acknowledges the following statements in applying for employment:

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or Veteran status, sexual orientation or the presence of a disability or handicap, provided the applicant can perform the essential functions of the position applied for either with or without reasonable accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements or material omissions on this application or any other pre-employment documents shall result in my termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. A copy of this authorization shall be effective as the original.

In consideration of my employment, I agree to conform to the rules, regulations and employee code of conduct of SCIRPDC and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either SCIRPDC or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management has any authority to enter into an agreement for employment for any specified period, or to make any agreement contrary to the foregoing.

I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by SCIRPDC in connection with the processing of my application for employment and further agree to take any such physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by SCIRPDC during my employment if I am offered and accept employment with the regional organization. I understand that such an examination may be needed to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by SCIRPDC will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by SCIRPDC and is exclusively the Commission's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Commission.

APPLICANT SIGNATURE

DATE

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with SCIRPDC will be based on your merit and qualifications and no other considerations.

SUPPLEMENTARY APPLICANT INFORMATION

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military services, national origin, ancestry, age, arrest or non-job-related conviction record or non-job-related physical or mental disability.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially, filed separately and used only to help us monitor SCIRPDC's Affirmative Action efforts and comply with Federal recordkeeping requirements.

NAME: _____
Last First Middle

POSITION APPLIED FOR:

ADDRESS:

Street Address City State Zip

SEX: ☐ MALE ☐ FEMALE ☐ PREFER NOT TO RESPOND

BIRTHDATE:

MONTH DAY YEAR

RACE/ETHNIC GROUP: (check all that apply)

- ☐ Black/African American
- ☐ Asian
- ☐ Pacific Islander
- ☐ Indigenous Native American
- ☐ White/Caucasian
- ☐ Hispanic

RECRUITING INFORMATION:

How did you about this job? (please check one)

- ☐ Newspaper/Radio
- ☐ Community Organization
- ☐ University/College
- ☐ Current Employee or Officer
- ☐ Referred by Job Service
- ☐ Website
- ☐ Word of Mouth

TESTING ACCOMODATIONS

In accordance with State and Federal laws, the South Central Illinois Regional Planning and Development Commission is committed to ensuring non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one whom: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodation. Requests for testing accommodation must be made prior to the test so that arrangements can be made.

Will you require any special accommodation during the employment process? ☐ YES ☐ NO

If yes, what kind of accommodation will you require?

- ☐ A Signer
- ☐ A Reader
- ☐ Extra time
- ☐ Other (Please describe) _____

Comments: _____