



Give your employment history, beginning with your present or most recent employer. List all positions held, including military, part-time, summer, volunteer work, and any periods of unemployment. Explain any period of unemployment under Item 14 Page 3.

a. NAME OF EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ mo. yr. mo. yr.  
 \_\_\_\_\_ SALARY BEGINNING: \_\_\_\_\_ per year  
 \_\_\_\_\_ PRESENT: \_\_\_\_\_ per year  
 PHONE: \_\_\_\_\_  
 area code number NAME & TITLE OF SUPERVISOR: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 \_\_\_\_\_  
 Briefly describe the nature and duties of your position

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b. NAME OF EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ mo. yr. mo. yr.  
 \_\_\_\_\_ SALARY BEGINNING: \_\_\_\_\_ per year  
 \_\_\_\_\_ ENDING: \_\_\_\_\_ per year  
 PHONE: \_\_\_\_\_  
 area code number NAME & TITLE OF SUPERVISOR: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_  
 \_\_\_\_\_  
 Briefly describe the nature and duties of your position

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c. NAME OF EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ mo. yr. mo. yr.  
 \_\_\_\_\_ SALARY BEGINNING: \_\_\_\_\_ per year  
 \_\_\_\_\_ ENDING: \_\_\_\_\_ per year  
 PHONE: \_\_\_\_\_  
 area code number NAME & TITLE OF SUPERVISOR: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_  
 \_\_\_\_\_  
 Briefly describe the nature and duties of your position

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d. NAME OF EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ mo. yr. mo. yr.  
 \_\_\_\_\_ SALARY BEGINNING: \_\_\_\_\_ per year  
 \_\_\_\_\_ ENDING: \_\_\_\_\_ per year  
 PHONE: \_\_\_\_\_  
 area code number NAME & TITLE OF SUPERVISOR: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_  
 \_\_\_\_\_  
 Briefly describe the nature and duties of your position

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List three persons who are not related to you by blood or marriage who have not already been listed in Item No. 8 who can comment on your education and/or work experience.

FULL NAME	COMPLETE HOME ADDRESS	OCCUPATION	PHONE:	
			OFFICE	HOME
			O: _____ H: _____	
			O: _____ H: _____	
			O: _____ H: _____	

10. DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been dismissed from any position? \_\_\_\_\_  
 Have you ever been forced to resign from any position? \_\_\_\_\_ (If answer is YES to either or both of these questions, give complete details under Item 14.)

11. CRIMINAL CONVICTIONS: Have you ever been convicted of a non-juvenile offense? \_\_\_\_\_ (If YES, please describe the conviction, including the nature of the offense, the date, the location, and rehabilitation since the conviction, under Item No. 14. A conviction will not automatically exclude you from employment consideration. Factors such as the number of violations, the length of time that has elapsed since the conviction(s), the seriousness and nature of the violation(s), the circumstances of the offense(s), and rehabilitation will be considered.) Applicants should not provide information relating to arrests or convictions that have been expunged or sealed.

12. HAVE YOU EVER BEEN AN APPLICANT OR EMPLOYEE OF THE CITY OF LAKE FOREST? \_\_\_\_\_  
 If Applicant: Date of Application: \_\_\_\_\_ If Employee: Position Title: \_\_\_\_\_  
 Position Applied For: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

13. PLEASE INDICATE SOURCE FROM WHICH YOU LEARNED OF THIS POSITION: \_\_\_\_\_

14. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

Item Number	Write in left column number to which answers apply.

GENERAL INFORMATION

In order to prevent a delay in the processing of your application, please be sure you have signed and dated this form on Page 4 and answered every question clearly and completely.

Each applicant appointed to a City position must meet all requirements of the position, including the successful completion of a verbal/written examination, medical examination including a drug screening, and a confidential investigation. Each appointee must submit all requested documents.

## ACKNOWLEDGMENT/AUTHORIZATION

I, the undersigned, certify that I have read and fully comprehend this employment application in its entirety. I acknowledge that the information provided on this application and any other application materials (and accompanying resume, if any) 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, and/or other application materials, whenever or however discovered, may result in the rejection of my application for employment or, if I am hired, may result in my discharge from the City service. In submitting this application, I further understand that it becomes the property of The City of Lake Forest and will not be returned to me.

I authorize a thorough investigation of me, my past employment, background, criminal history, education and activities. I further authorize my former employers to furnish their records of my service, my reasons for leaving their employ, and all other information they may have concerning me, to the City. I agree to cooperate in such an investigation, and release and discharge from all liability, responsibilities, claims or damages of any kind or nature all persons or entities requesting or supplying information pursuant to such an investigation, including the City, any reference or former employer from whom information is obtained, and any third party who provides information used for employment purposes. If I am hired, I further authorize the City to supply my employment record, in whole or in part, without prior notice, to any prospective employer, government agency, or other party with a legal or proper interest.

I understand that, if I am given an offer of employment, a drug screen will be required as a condition of employment because the City requires that every newly hired employee be free of drug use. I agree to submit to any such test and I understand that my receipt of a positive test result or my refusal to submit to such lawful test will disqualify me from further consideration for employment or, if I am hired, may result in my dismissal from employment. Further, I understand that my signature below serves as my consent to a drug test and authorizes the release of the results of such test to the City for appropriate review.

I certify that I have read and understood the foregoing paragraphs. I understand that this is simply an application for employment and does not imply I will be employed.

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 Signature of Applicant

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 Date Signed
**CONSUMER/CRIMINAL REPORTING AUTHORIZATION FORM**

Representing The City of Lake Forest:

I authorize and empower The City of Lake Forest, any consumer reporting agency, and any other outside service company engaged by said organization for this purpose now or subsequently to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, driving record, civil history, general reputation and character, health, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends of associates or others with whom I am acquainted or may have knowledge concerning any of the above items. The above information includes but is not limited to any past or present criminal history inquiries through local, state and federal authorities.

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 Signature of Applicant

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 Date Signed

## OPTIONAL

The following information is requested for Department of Human Resources use only in order to assist us in complying with EEO reporting guidelines. Since this information will not be considered for employment purposes, you may elect not to furnish this information until an employment offer is confirmed.

### Race/Ethnicity

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Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino:

- White \_\_\_\_\_
- Black or African American \_\_\_\_\_
- Asian or Other Pacific Islander \_\_\_\_\_
- American Indian or  
Alaska Native \_\_\_\_\_

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### Gender

Male \_\_\_\_\_

Female \_\_\_\_\_

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