



682 State Route 31 • Oswego, Illinois 60543-8500

www.foxmetro.org

submit application either by fax: 630-892-4394, email: careers@foxmetro.org
or mail to the attention of Human Resources Coordinator

Application for Employment

It is our policy to comply with all applicable local, state and federal laws prohibiting discrimination in employment based on race, age OVER 40, color, sex, religion, national origin, disability or other protected classification.

Name: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: _____ Are you over 18 years old? ___ Yes ___ No

Are you authorized to work in the U.S. on an unrestricted basis? ___ Yes ___ No

How did you learn of this opening? _____

Have you worked here before? ___ Yes ___ No

Are there any hours or days you cannot or will not work? _____

Part-Time _____ Full-Time _____

Are you willing to work overtime as required? ___ Yes ___ No

EDUCATION	NAME & LOCATION OF SCHOOL	DATES OF ATTENDANCE	DIPLOMA/ DEGREE
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High School

College / Univ.

College / Univ.

Other Training / Education

Identify all licenses or certifications which you currently hold

Name of License / certification _____

License / certification number _____ Issuing State/Country _____

Has your license / certification ever lapsed? _____

If yes, reason for lapse, revocation or suspension: _____

Date of reinstatement: _____

In addition to your work history, what other experiences, skills, or qualifications would fit you for work at The District? _____

Do you presently have any contractual restrictions from prior employers such as non-compete that would affect your employment with The District? _____ Yes _____ No

Position Applied For:

1) _____ 2) _____
Wage or salary desired? \$ _____ When can you start? _____

COMPLETE WORK HISTORY - ALL EMPLOYERS FOR PAST TEN YEARS

WORK HISTORY May we contact your present employer? _____ Yes _____ No

1) _____
Most Recent or Address Telephone
Current Employer

_____ Date Started Starting Position

_____ Date Left Position on Leaving

_____ Name and Title of Supervisor

_____ Description of Duties Reason for Leaving?

2) _____
Last Previous Employer Address Telephone

_____ Date Started Starting Position

_____ Date Left Position on Leaving

_____ Name and Title of Supervisor

_____ Description of Duties Reason for Leaving?

3)

Previous Employer	Address	Telephone
Date Started		Starting Position
Date Left		Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reason for Leaving?

4)

Previous Employer	Address	Telephone
Date Started		Starting Position
Date Left		Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reason for Leaving?

Have you been vaccinated for COVID-19? Yes No

If yes, are you willing to provide proof of vaccination? Yes No N/A

Applicant's Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation may result in the rejection of my application and my candidacy for this position or any other position with The District. I authorize The District to investigate of any of the facts set forth in this application and release the District from any liability.

I understand that employment at The District is initially "at-will" which means that either I or The District can terminate the employment relationship at any time, with or without prior notice, and for any reason. I understand that no supervisor, manager, or executive, other than The District Manager in writing has authority to alter the foregoing. If this application is for a position covered by a collective bargaining agreement, the CBA will govern.

Date: _____ Applicant's Signature: _____