APPLICANTS
PLEASE NOTE:

Applications may be submitted for open positions only.

The entire application must be completed in full.
NO EXCEPTIONS

If you are not prepared to list all of the required information, you will be asked to return with the missing information.
You still must submit your application within the posted deadline.

You may attach a resume to your application but one is not required. However, the employment history section of the application must be completed in full.

If you choose to omit or fail to provide any required information on the application, you may not be considered for the position.

APPLICATION FOR EMPLOYMENT

City of Aurora, Human Resources Department, 44 E. Downer Pl., Aurora, IL 60507-2067

AFFIRMATIVE ACTION POLICY

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the City of Aurora to provide quality of opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, place of residence, political affiliation, disability status, marital status, sex, or age (except when sex, age, or handicap is a bona fide occupational qualification) in all aspects of our personnel policies, programs, practices and operations. This policy applies to all types of full, part-time, temporary, and seasonal employment.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment with the City of Aurora. Please furnish us with complete information as outlined in this application. You are encouraged to attach a resume or any additional information as qualifies you for the position for which you are applying. Please *PRINT* in blue or black ink.

EMPLOYMENT REFERENCE

Position applied for:_____ Available to work: ☐Days ☐Evenings ☐Nights ☐Weekends

Minimum wage desired: $_____per_____ Type of employment desired: ☐Full time ☐Part-time ☐Temporary ☐Seasonal

PERSONAL INFORMATION

Name_____ Social Security No._____
Last First Middle

Address_____ Telephone No._____
Street City State Zip Code Home Work/Other

Are you at least 18 years of age? ☐No ☐Yes

Have you ever worked for the City of Aurora? ☐No ☐Yes Please specify_____
Position Dates

Are you legally authorized to work in the United States? ☐No ☐Yes

Do you have a valid driver's license? ☐No ☐Yes Please specify_____
Number Class State Expiration

Have you ever been convicted or plead guilty to a misdemeanor or felony? (The City of Aurora will not automatically reject an applicant who has been convicted) ☐No ☐Yes Please specify_____
Date(s) State Offense

Military Service: Branch_____ Duties_____

Currently Active? ☐No ☐Yes Dishonorably Discharged? ☐No ☐Yes

PERSONAL REFERENCES: Please list the names of two persons, not relatives or former employers, whom you have known at least one year.

Name	Address	City	Zip Code	Phone No.

EDUCATION INFORMATION

Circle Highest Grade Completed:	Grade School	High School	College	Graduate School
	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	1 2 3 M.A. Ph.D.

	School Name & Location	Course/Major Area of Study	Dates Attended	Degree/Diploma
High School				

EMPLOYMENT INFORMATION

Begin with your present employment & work back in time, accounting for all time worked during past ten years. IN ADDITION, list any other job related work experience that may qualify you for this position. Attach additional page if necessary.

Employer_____

Address_____
Street City State Zip Code

Supervisor's Name & Title_____

Your Title_____

Your Duties_____

May we contact employer? ☐Yes ☐No Reason for leaving:

From_____ Mo. Year

To_____ Mo. Year

☐Full-time ☐Part-time

Hours per week_____

Salary_____

Employer_____

Address_____
Street City State Zip Code

Supervisor's Name & Title_____

Your Title_____

Your Duties_____

May we contact employer? ☐Yes ☐No Reason for leaving:

From_____ Mo. Year

To_____ Mo. Year

☐Full-time ☐Part-time

Hours per week_____

Salary_____

Employer_____

Address_____
Street City State Zip Code

Supervisor's Name & Title_____

Your Title_____

Your Duties_____

May we contact employer? ☐Yes ☐No Reason for leaving:

From_____ Mo. Year

To_____ Mo. Year

☐Full-time ☐Part-time

Hours per week_____

Salary_____

PLEASE USE THIS SPACE BELOW, AND ADDITIONAL SHEETS IF NECESSARY, TO LIST ANY SPECIAL QUALIFICATIONS, TRAINING, OR EXPERIENCE WHICH YOU HAVE AND YOU FEEL SHOULD BE CONSIDERED IN REVIEWING YOUR APPLICATION.

_____

_____

PLEASE READ CAREFULLY BEFORE SIGNING: I certify that all the statements made in this application are accurate to the best of my knowledge. I understand that any false statements on this application shall be considered sufficient cause for non-hire and/or dismissal.

I authorize the City of Aurora to investigate any of the information contained herein, including the contacting of my references. I also authorize the Aurora Police Department to disclose and/or release any information on any conviction listed on file under my name, and release the Aurora Police Department from any and all liability for damages for the furnishing of any information concerning me. I agree to release any of my former employers from any damages or liabilities caused by releasing any employment information on me that they may provide the City of Aurora.

I agree to submit to a physical examination which I will be required to pass before being finally accepted for employment. I also agree that in the event of employment, I will submit to further physical examinations when required by the City of Aurora.

I further agree to comply with all applicable Civil Service, Human Resources and department rules and regulations of the City of Aurora.

APPLICANT'S SIGNATURE_____ DATE_____

Please write your signature in ink

An Equal Opportunity Employer * M/F/D/V
Reasonable Accommodation Upon Request

CITY OF AURORA
FIREFIGHTER CANDIDATE
APPLICATION DEADLINE AGREEMENT

- I understand application must be ***complete*** in order to be accepted.

- I understand that the ($20) twenty-dollar application fee is non-refundable.

- I agree to meet the completed application deadline listed below.

- I understand that my failure to meet the application deadline will automatically disqualify me from the testing process.

- I understand that my failure to attend orientation, or the written examination as scheduled below, will automatically disqualify me from the testing process.

COMPLETED APPLICATION RETURN DEADLINE:

SEPTEMBER 1, 2009 - 5:00 P.M.
(if by mail, must be postmarked by SEPTEMBER 1, 2009)

TESTING SCHEDULE –

MANDATORY ORIENTATION Friday, September 18, 2009 7:00 p.m.

WRITTEN EXAMINATION Saturday, September 19, 2009 8:00 a.m.

_____ _____
Printed Name Signature

_____
Date