

DATE OF APPLICATION \_\_\_\_\_



**EMBARRAS RIVER BASIN AGENCY, INC.**

400 W. PLEASANT ST. P.O. BOX 307  
GREENUP, IL 62428  
217-923-3113

**APPLICATION FOR EMPLOYMENT**

ERBA is committed to a policy of nondiscrimination and full equity of opportunity, regardless of race, religion, color, disability, marital status, veteran status, sex, age, national origin, political affiliation or belief. We are an equal opportunity employer.

Please complete this application in ink or type and attach resume. Mail or deliver to address shown above.

Position Applied For \_\_\_\_\_ Location \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Init \_\_\_\_\_  
Street City State Zip Code

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ County of residence \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Social Security Number \_\_\_\_\_

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.

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

List any friends or relatives that work for us \_\_\_\_\_

Note to applicants: DO NOT ANSWER THE FOLLOWING FOUR QUESTIONS *UNTIL* YOU HAVE BEEN PROPERLY INFORMED ABOUT THE JOB REQUIREMENTS FOR WHICH YOU ARE APPLYING.

1. Do you have any disabilities that would interfere with job performance? (In order that we may reasonably accommodate those disabilities) \_\_\_\_\_

2. Describe disabilities and specific work limitations \_\_\_\_\_

3. Have you been convicted of a crime that would relate to the position you are applying for? \_\_\_\_\_

4. Have you had an illness in the past 5 years that would prohibit you from doing this job? \_\_\_\_\_

Person to be contacted in case of accident or emergency

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

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EMPLOYMENT APPLICATION -PAGE 2.

EMPLOYMENT HISTORY (Start with present employment position)

| Last or Current Employer<br>(Please supply Supervisor's<br>Name) | Employment Dates |    | Type of Work/Business<br>Address & Phone | Rate of Pay |        | Reason for leaving |
|--|------------------|----|--|-------------|--------|--------------------|
|  | From             | To |  | Start       | Finish |                    |
|  |                  |    |  |             |        |                    |
|  |                  |    |  |             |        |                    |
|  |                  |    |  |             |        |                    |
|  |                  |    |  |             |        |                    |

EDUCATION

| TYPE OF SCHOOL | NUMBER YEARS<br>COMPLETED | NAME AND<br>ADDRESS OF<br>SCHOOL | MAJOR OR FIELD | INDICATE<br>DIPLOMA,<br>CREDIT OR<br>DEGREE |
|----------------|---------------------------|----------------------------------|----------------|---|
|                |                           |                                  |                |   |
|                |                           |                                  |                |   |
|                |                           |                                  |                |   |

PERSONAL REFERENCES (List persons other than relatives)

| FULL NAME | ADDRESS AND PHONE | BUSINESS OR OCCUPATION |
|-----------|-------------------|------------------------|
|           |                   |                        |
|           |                   |                        |
|           |                   |                        |
|           |                   |                        |

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I give permission to E.R.B.A. in obtaining and verifying employment and personal references necessary to make a hiring decision and hold the agency and persons giving such references harmless and free of any and all liability that could result from this review process. All information received will be held in strict confidence. Within this permission is authority to the ERBA representative to make investigation of my personal history through any agency or bureau.

CERTIFICATION - I certify that all the statements made by the applicant in this Employment Application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Applicant Signature \_\_\_\_\_ Date signed \_\_\_\_\_

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Affirmative Action Survey

State and Federal agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Circle one:

Male

Female

60 & over

Circle one:

Under 21

21 to 59

Hispanic

Circle one:

White

African American

American Indian/Alaska Native

Asian/Pacific Islander

Other

Circle If Any Are Applicable

Veteran

Veteran with Disabilities

Non Veteran with Disabilities