



EMPLOYMENT APPLICATION

- Illegible, false or deceptive answers or omission of requested information may cause application rejection, removal from eligibility lists, or dismissal.
- Top candidates may be subject to background check.
- If you require an accommodation to participate in the application process, call 847-537-2306.
- Appointee will be required to pass a post-offer pre-employment medical evaluation, including a drug test.

Submit your completed, signed, and dated application to:

office@nwmadil.com or Northwest Mosquito Abatement District
147W Hintz Rd
Wheeling, IL 60090

Enter the title of the job you are applying for:

Please complete all sections.

Applicant Contact Information

Name: (last, first, middle)

Address: (street, city, state, zip)

Phone:

Email:

Driver's License: (number, expiration date, issuing state)

Educational and Professional Qualifications:

Did you graduate from high school? Yes No

If you did not graduate from high school, do you possess a General Education Diploma (G.E.D.) Yes No

List your college/university or post-secondary school education and conferred degrees. Enter quarter or semester units completed if a degree was not conferred:

College, University or School Name	Major Subject	Degree Conferred /Units Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Licenses and Certificates: (excluding driver's license)

Description	Issued By	Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History: Resumes are accepted but not in lieu of a completed application. Indicate job titles, briefly describe the duties, the periods of employment, whether the jobs were supervisory or management and, if applicable, the number of employees supervised. Attach additional sheets if necessary. List your employment history in reverse chronological order.

1. Employer name:

May we contact this employer? Yes No Post-offer

Address: (street, city, state, zip)

Phone:

Jobs: (Enter titles and a brief description of duties)

List in reverse chronological order:

Beginning (mm/yy)	Supervisory	Number of
Ending (mm/yy)	Management?	Employees?

a. -----	From:	Yes	No
	To:		

b. -----	From:	Yes	No
	To:		

c. -----	From:	Yes	No
	To:		

Reason for leaving:

2. Employer name:

May we contact this employer? Yes No Post-offer

Address: (street, city, state, zip)

Phone:

Jobs: (Enter titles and a brief description of duties)

List in reverse chronological order:

Beginning (mm/yy)	Supervisory	Number of
Ending (mm/yy)	Management?	Employees?

a. -----	From:	Yes	No
	To:		

b. -----	From:	Yes	No
	To:		

c. -----	From:	Yes	No
	To:		

Reason for leaving:

3. Employer name:

May we contact this employer? Yes No Post-offer

Address: (street, city, state, zip)

Phone:

Jobs: (Enter titles and a brief description of duties)

List in reverse chronological order:

Beginning (mm/yy)	Supervisory	Number of
Ending (mm/yy)	Management?	Employees?

a. -----	From:	Yes	No
	To:		

b. -----	From:	Yes	No
	To:		

c. -----	From:	Yes	No
	To:		

Reason for leaving:

Additional Qualifications: (You may add qualifications, if needed to meet the minimum qualifications for the position.)

Additional questions:

1. Can you perform the job functions listed in the job announcement with or without any reasonable accommodation? Yes No

2. Were you ever discharged, including discharge during probation, or have you ever been requested to resign or resigned under unfavorable circumstances from any employment? Yes No If "Yes," please explain:

3. If offered employment, can you provide proof of eligibility to work in the United States? Yes No

4. May the Northwest Mosquito Abatement District contact your past employers for references? Yes No Post-offer. If "Yes," or "Post-offer," then sign below to certify that, *I authorize the Northwest Mosquito Abatement District to obtain employment information from any previous employer. A photostatic copy of this authorization will be considered to be as valid as the original.*

Signature

Date Signed

5. May the Northwest Mosquito Abatement District contact your current employer for references? Yes No Post-offer. If "Yes," or "Post-offer," then sign below to certify that, *I authorize the Northwest Mosquito Abatement District to obtain employment information from my current employer. A photostatic copy of this authorization will be considered to be as valid as the original.*

Signature

Date Signed

Notice to Job Applicants

The Northwest Mosquito Abatement District (NWMAD) is an equal opportunity employer and does not unlawfully discriminate on the basis of race, color, national origin, ancestry, sex, marital status, physical or mental disability, medical condition, religious creed or political affiliation, age (over 40), gender, gender identity, gender expression, genetic information, military or veteran status or sexual orientation.

In compliance with the Immigration Reform and Control Act of 1986, the NWMAD requires all new employees to show proof of their identity and legal right to work in the United States. All job offers made by the NWMAD are contingent upon establishing proof of your legal right to work in the United States.

The NWMAD encourages applications from qualified individuals with disabilities as defined by the Americans with Disabilities Act and the Fair Employment and Housing Act. Individuals who will require a reasonable accommodation to take a test as part of the selection process must make such a request when submitting the application. Applicants with disabilities that affect sensory, manual or speaking skills may be provided with a test in a format that does not require the use of the impaired skill. Persons requesting reasonable accommodation will be required to provide documentation of such need.

Applicants are required to pass a drug screen, job-related physical and background investigation, including criminal history, prior to final appointment. The drug and medical exams are administered by an NWMAD selected physician at no cost to the applicant.

Additional questions

6. Have you ever pleaded guilty, been found guilty or been convicted of any criminal offense other than a minor traffic violation? Yes No IF "YES", please explain:

7. Are you currently in default on repayment of any state education loan? ** YES NO

* Pursuant to Illinois law, you are not obligated to disclose an arrest or conviction record that has been expunged or sealed, or where you received supervision and successfully completed it.

** Child support obligations: State law requires that you provide certain information about child support obligations at the time of hire. The possibility of employment is not affected by a child support obligation or default in payment; however, State law requires an employee in default on repayment of any education loan for 6 months or more and in the amount of \$600 or more shall, as a condition of employment, make satisfactory repayment arrangements with the maker or guarantor of the loan.

Signature

Date Signed

VETERANS POINTS AND PREFERENCE

I wish to claim Veterans Preference: Attach U.S. Veterans Affairs award letter or a legible copy of a certified DD214/215.

I wish to claim Veterans Preference as a member of the Illinois National Guard or U.S. Armed Forces Reserves: Attach letter from unit personnel indicating service under honorable conditions or a legible copy of a certified NGB 22.

I have already established Veterans Preference with the Northwest Mosquito Abatement District.

To claim Veterans Preference directly or as a surviving spouse or parent of an unmarried veteran who suffered service-connected death or disability, attach completed Eligibility for Veterans Preference form.

Selective Service Registration: As a condition of employment, state law requires that "every male born on or after January 1, 1960, and less than 27 years old, shall submit documentation, at time of appointment, evidencing his registration with the Federal Selective Service System".

Certification, Authorization and Release of Liabilities

I, _____ hereby declare as follows,
(print name)

In connection with my application for employment with the Northwest Mosquito Abatement District (NWMAD), I understand that a background check that may contain public record information may be requested and obtained by the Northwest Mosquito Abatement District (NWMAD).

If a background check is requested you will be provided with a statement of disclosure regarding the background investigation, and a summary of your rights under the Fair Credit Reporting Act; and you will be requested to acknowledge and authorize the background check.

Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by First Advantage Background Services Corp. ("First Advantage"), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Northwest Mosquito Abatement District to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I further agree to provide records and information that may be requested by the NWMAD or First Advantage, in connection with the background check, including but not limited to employment records in my possession to support previous work history.

I hereby certify that the information entered by me on this application is true, correct, and complete to the best of my knowledge. I understand that false or deceptive statements or omissions in my application may result in (i) the termination of my application if it is still in the review stage, (ii) the revocation of any job offer I may receive, and/or (iii) the termination of my employment if discovered after an offer of employment has been made and accepted.

I understand and agree to take a post-offer pre-employment medical examination through the NWMAD's physician, at the NWMAD's expense. Examination will include a drug test. Hiring decisions may be based on the results of this drug test. Failure to submit to this drug test absent prior arrangement with the NWMAD and the designated professional performing the drug test, will result in rejection of the application for employment.

I agree to sign a release authorizing the physician/professional performing the drug test to release the results (positive/negative reading) of said drug test to the NWMAD .

If accepted for employment, I understand that I must submit verification of my legal identity and right to work in the United States.

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that a department of motor vehicle report will be obtained on you for employment purposes through First Advantage. Their privacy policy is available at <http://fadv.com/privacy-policy>.

I acknowledge the receipt of the above disclosure and authorize the above named company to obtain the department of motor vehicle report for employment purposes. This authorization is ongoing and permission is granted for the Northwest Mosquito Abatement District to secure this information during the course of my employment.

Signature

Date Signed

For Office Use:

Date received: _____ Accepted / Contacted for interview: _____

Application for Veterans Preference

(This form must be completed by the person applying for veterans preference. See reverse for eligibility criteria and required documentation.)

Name of person applying for preference: _____ (Print)

Social Security Number: _____

Check the preference for which you believe you are entitled (see reverse side for eligibility criteria).
(Check one)

<u>Points</u>			<u>Points</u>		
10 points	<input type="checkbox"/>	Honorably discharged Veteran with a service-connected disability awarded by Veterans Affairs	5 points	<input type="checkbox"/>	Veteran of the Armed Forces, OR Federalized National Guard OR Armed Forces Reserves activated by the President--any of whom served during Periods of Hostilities
		OR			
	<input type="checkbox"/>	Honorably discharged Veteran of an allied country with a service-connected disability who was a U.S. citizen at the time of service	3 points	<input type="checkbox"/>	Peacetime veteran of the Armed Forces OR Discharged member of the National Guard OR Armed Forces Reserves who does not qualify for the above
		OR			
	<input type="checkbox"/>	Purple Heart recipient			
		OR			
	<input type="checkbox"/>	Parent of an unmarried veteran who suffered a service-connected death or disability that disqualifies the veteran from Civil Service employment	3, 5, or 10 points	<input type="checkbox"/>	Surviving unmarried spouse of a veteran who suffered a service-connected death or disability

If requesting preference as the parent or the unmarried spouse of a veteran, list the name and social security number of the veteran:

I understand that only one parent is entitled to receive veterans preference. I certify that the other parent of the above named veteran has not applied for a Civil Service appointment using the veterans preference. I understand that the surviving spouse must be unmarried to receive veterans preference. I certify that I have not remarried.

I hereby affirm that this information is true and correct, and I understand that misrepresentation or omission of facts may result in the rejection of my employment application.

Signature

Date

For Human Resources Office Use Only

For Veteran:

_____ DD214 Verified
_____ Disability Verified
_____ Federal Orders Verified

For Parent or Unmarried Spouse:

_____ DD214 Verified
_____ Birth Certificate Verified
_____ Marriage Certificate Verified
_____ Death Certificate Verified
_____ Disability Verified

_____ VP Approved

_____ VP Not Approved

_____ # Points Approved

Reason:

Approved by: _____

Date: _____

Eligibility for Veterans Preference

(To apply, complete Application for Veterans Preference on reverse side)

Applies only to those veterans **discharged under honorable conditions**. Eligible veterans will have preference points added to final passing grades of original entry examinations. Preference cannot be granted until such time as all required documentation has been received and reviewed.

Periods of Hostilities	Points	Criteria	Documentation Required
Dec. 7, 1941 – Dec. 31, 1946 (WWII)	10 points	Honorably discharged veteran with a service-connected disability certified by the US Department of Veterans Affairs	DD214 AND letter from the U.S. Department of Veterans Affairs indicating the veteran is awarded a service-connected disability
Jan. 27, 1950 – Jan. 31, 1955 (Korea)	10 points	Honorably discharged veteran of an allied country with a service-connected disability (US citizen during time of service)	Provide written certification for the period of time served with verification of the allegiance of that country from the U.S. Department of Veterans Affairs OR comparable federal agency AND proof of citizenship
Feb. 28, 1961 – May 7, 1975 (Vietnam)*	10 points	Purple Heart recipient	DD214 with the award indicated
Aug. 2, 1990 – Present (Desert Storm)	5 points	Honorably discharged veteran who served during a period of hostility under one or more of the following conditions: -for a total of at least six (6) months active service -for the duration of hostilities regardless of the length of the engagement -discharged on the basis of hardship	DD214 AND a copy of federal orders for members of the National Guard and Armed Forces Reserves activated into the U.S. Armed Forces by the President
	3 points	<u>Applies to Veterans who served during Peacetime</u> Honorably discharged veteran of the United States Armed Forces, the Illinois National Guard or US Armed Forces Reserves who served under one or more of the following conditions: -did not serve during a period of hostility -for a total of at least six (6) months active service -discharged on the basis of hardship - released from active duty with a service connected disability certified by the US Department of Veterans Affairs	DD214
	3, 5, or 10 points	<u>Applies to eligible relatives of Veterans</u> Surviving unmarried spouse of a veteran who suffered a service-connected death or service-connected disability that disqualifies the veteran from Civil Service employment shall be entitled to the same preference to which the veteran would have been entitled	Marriage certificate AND additional documentation required for either 10, 5, OR 3 points listed above
	10 points	Parent of an unmarried veteran who suffered a service-connected death or service-connected disability that disqualifies the veteran from Civil Service employment (credit is given to the first parent to apply)	DD214, birth certificate AND either death certificate, if the veteran is deceased OR letter from the U.S. Department of Veterans Affairs indicating the veteran is or was awarded a service-connected disability

* For the period Feb. 28, 1961 through Aug. 5, 1964 applicants must provide proof that they were in Vietnam for official purposes and not there as a tourist or for personal business.