



In Case of Emergency Notify

\_\_\_\_\_  
Name Telephone

Former Employers

\_\_\_\_\_  
Name Address Telephone  
Dates of Employment From \_\_\_\_\_ to \_\_\_\_\_  
MO/YR MO/YR

\_\_\_\_\_  
Name Address Telephone  
Dates of Employment From \_\_\_\_\_ to \_\_\_\_\_  
MO/YR MO/YR

References (2)

\_\_\_\_\_  
Name Address Telephone

\_\_\_\_\_  
Name Address Telephone

*I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to inform the District immediately if any of the information in this application changes. I also agree to inform the District immediately if there is a change in my motor vehicle record. I hereby authorize all my previous employers, or references to furnish any information concerning my personal character or employment records. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information. If hired, I agree to furnish documentation within 72 hours showing my identity and that I am legally authorized to work in the United States.*

*In the event of employment, I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the District is of an "at will" nature, which means that the Employee may resign at any time and the District may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the District..*

*This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify, under penalty of perjury, that (please check only one)

- \_\_\_\_ I am not subject to a child support order
- \_\_\_\_ I am not more than 30 days delinquent in complying with a child support order
- \_\_\_\_ I am more than 30 days delinquent in complying with a child support order

The Northwest Mosquito Abatement District is part of the Illinois Municipal Retirement Fund (IMRF). If you are an IMRF retiree, before you accept a job offer, you must contact IMRF to discuss any potential impact on your IMRF pension.

**AUTHORIZATION FOR MOTOR VEHICLE RECORD**

The review of motor vehicle records and accident experience is important as past driving records affords one of the best clues to future performance as safe and dependable drivers. Past experience has shown there is a high correlation between poor driving records and accident frequency. It is the policy of NWMAD to review motor vehicle records and past accident experience of all applicants before granting employment and to review these records whenever an individual is involved in a motor vehicle accident.

Employment eligibility shall be based on the matrix illustrated below. In addition, applicants convicted of major violations are ineligible for employment at the District.

**EMPLOYMENT ELIGIBILITY BASED ON MOTOR VEHICLE RECORD VIOLATIONS**

Number of Violations	Number Accidents During the Last 3 Years			
	0	1	2	3
0	Eligible	Eligible	Eligible	Non eligible
1	Eligible	Eligible	Eligible	Non eligible
2	Eligible	Eligible	Non eligible	Non eligible
3	Eligible	Eligible	Non eligible	Non eligible
4	Non eligible	Non eligible	Non eligible	Non eligible

Employees need to be rated "Eligible" to be considered for employment at the District. .

**NOTE: The following are considered major violations:**

- |  |   |   |
|--|---|---|
| DWI (alcohol or drug)                          | Refuse alcohol test   | Illegal possession  |
| Driving while impaired                         | Violation resulting in death                                  | Revocation for a major violation                                      |
| Failure to stop for an accident                | Evade arrest  | Misrepresentation to avoid arrest                                     |
| 26 MPH or more over posted                     | Revocation for habitual violator                              | Revocation for homicide   |
| Revocation for manslaughter                    | Revocation for false statement                                | Revocation for felony   |
| Revocation for all other                       | Reckless disregard  | Operating without care  |
| Driving to endanger life                       | Racing contest  | Operating after license denied  |
| Operating while suspended or revoked           | Revocation for financial Responsibility                       | Vehicle used in connection with a felony                              |
| Misrepresentation to obtain a driver's license | More than 1 speeding conviction 15-25 MPH in the past 2 years | More than 1 moving violation in the past 6 months prior to employment |

NOTE: If a prospective employee provides the District with a court document amending his/her Motor Vehicle Report, eligibility will be reconsidered.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Birth Date \_\_\_\_\_

Drivers License # \_\_\_\_\_ State issued \_\_\_\_\_

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date

(Sign and retain the original copy in the employee's file)

***Please fax the completed and signed application to (847) 537-2583  
Or  
Mail to: 147 W Hintz Rd Wheeling IL 60090***