



Position Information

Maintenance Worker – Part-Time

Maintenance Worker Position – Part-Time

The Winthrop Harbor Police Department is accepting applications for one part-time maintenance worker position.

Duties of this position include, but are not limited to;

- Vehicle Care, including exterior and interior cleaning of police fleet vehicles
- Janitorial, including floor maintenance (sweeping, mopping), restroom cleaning
- Facility maintenance, including minor painting and repairs, general maintenance
- Grounds care, including mowing, weeding, general landscape care
- Equipment maintenance, including general care and maintenance of mowers, power tools and other equipment

The work conditions for this position include;

- Maximum of 129 hours per month (in accordance with ACA regulations)
- Daytime shifts beginning at 7:00 a.m.
- Occasional evening and weekend hours
- Lifting and bending
- Indoor and outdoor tasks, including in inclement weather

Benefits accompanying this position include;

- Competitive hourly pay rate
- Time and 1/2 pay for hours worked on designated holidays
- Uniforms provided
- Other benefits as outlined in the village Wage Policy

Requirements for this position include;

- Minimum 18 years of age at time of application
- Flexible availability, including occasional evenings and weekends
- Valid driver's license with clear driving record
- Clear background
- Drug free
- Good communication skills, verbal and written
- Ability to operate basic machinery and tools (mowers, power tools, hand tools)

Completed applications must be submitted to the Police Department no later than the deadline date published on the Employment Opportunities page of www.winthropharbor.com.



Employment Interest Form

Maintenance Worker – Part-Time

INSTRUCTIONS: This form is required in addition to the Employment Application form. Please print this form and complete the required information. Please complete this form by hand and write legibly. Use back side if you need more space to list your information. The included *Authority to Release Information* form must be signed and notarized. Submit this completed Employment Interest Form together with the Employment Application form and a copy of your Driver's License to the attention of **Carl Simmons** at the Winthrop Harbor Police Department no later than the published deadline for this position. You may e-mail it to csimmons@whpd.org, or drop off or mail to 830 Sheridan Road, Winthrop Harbor, IL 60096. Thank you for your interest in this Maintenance Worker position.

PERSONAL INFORMATION:

Full name: _____ Date of Birth: ____ / ____ / ____

Home address: _____ Unit/Apt. _____

City: _____ State: ____ Zip code: _____

Home Phone: ____ - ____ - _____ Cell Phone: ____ - ____ - _____

E-Mail Address: _____

Driver's License #: _____ State: ____ Valid? ___Yes ___ No

Are you currently a student? ___Yes ___No (If yes, where? _____)

List employment experience that may qualify you for this position:

List specific training that you've had that may be applicable to this position:

Add any additional notes you would like us to consider:

Signature: _____ **Date** ____ / ____ / ____

Submit this page together with the signed and notarized Authority to Release Information, the Employment Application form and a copy of your Driver's License.

AUTHORITY TO RELEASE INFORMATION

Having expressed interest in employment with the Winthrop Harbor Police Department, and desiring that they be informed of my previous records and character, I hereby authorize an investigation into all records which may be of interest to them. This authorization to release information includes, but is not limited to; school, employment, military, criminal, court and driving records, whether privileged or not. This authorization to release information is executed in context of the Village of Winthrop Harbor Police Department giving consideration to my interest in employment, and shall serve as a release of all liability to all parties furnishing such information to the Village of Winthrop Harbor and/or its Departments.

Once signed and notarized, a copy or facsimile of this *Authority to Release Information* form shall serve as providing the same authority to release information as the original document.

**** SIGNATURE MUST BE WITNESSED BY A NOTARY PUBLIC ****

Applicant Name: (print) _____

Applicant Signature: _____

Address: _____

City: _____ State: ____ Zip: _____

(This section to be completed by a Notary Public)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__.

Notary Public Signature _____

(Notary seal)

THIS FORM MUST BE SIGNED, NOTARIZED AND SUBMITTED WITH THE EMPLOYMENT INTEREST FORM, EMPLOYMENT APPLICATION AND A COPY OF YOUR DRIVER'S LICENSE.

VILLAGE OF WINTHROP HARBOR

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

NAME <small>(As it appears on Social Security Card / Work Permit Card)</small>	Last	First	M.I.
SOCIAL SECURITY NUMBER			
ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE	MESSAGE CONTACT		
	<small>Name</small>		<small>Area Code Number</small>
DAYTIME TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:		SALARY REQUIREMENTS:	\$
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? DEPARTMENT:			
SUPERVISOR:		REASON FOR LEAVING:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT <input type="checkbox"/> NO <input type="checkbox"/> YES <small>If Yes, Give location, date, charge and disposition of case(s) on a separate page</small>	IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.# STATE		CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service

From: _____ To: _____

Dates Served Type of Discharge

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY, STATE, ZIP _____
HOME PHONE _____ BUSINESS PHONE _____

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: **MY PRESENT EMPLOYER(S):** YES NO
MY PAST EMPLOYERS: YES NO

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

CA and MN only: check here if you wish to receive a copy of the consumer report directly from the consumer reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____

FAIR CREDIT REPORTING ACT

Disclosure and Authorization Statement

To: All Applicants For Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consume reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name *(please print)*

Signature

Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)