



CIVIL SERVICE COMMISSION

VILLAGE OF TINLEY PARK

Incorporated June 28, 1892

16250 South Oak Park Avenue - Tinley Park, IL 60477

708-444-5000 - www.tinleypark.org

REVISED APPLICATION PACKET

MECHANIC D-6

PLEASE CAREFULLY READ **ALL** INFORMATION IN THIS PACKET.

APPLICATION FEE

The Application Fee is \$10.00 payable in cash, check, money order, or credit card and is non-refundable.

APPLICATIONS

Applications will be available beginning Monday January 8, 2018 through Friday January 19, 2018 at the following locations:

- Tinley Park Village Hall - Clerk's Office: 16250 South Oak Park Avenue, Tinley Park, IL, between the hours of 8:30 a.m. to 5:00 p.m. Monday through Friday and on Saturdays from 9:00 a.m. through 1:00 p.m.
- Tinley Park Police Department, 7850 West 183rd Street, Tinley Park, IL, between the hours of 7:00 a.m. and 11:00 p.m. seven days per week.
- On-line at www.tinleypark.org Completed Application must be returned in person along with Application Fee.
- **ALL APPLICATIONS AND FORMS MUST BE FILED WITH THE TINLEY PARK CIVIL SERVICE COMMISSION NO LATER THAN 5:00 P.M. ON FRIDAY, JANUARY 19, 2018 BY 5:00 p.m. RETURN DELIVERY IN PERSON ONLY TO THE VILLAGE HALL. YOU MUST HAVE AN APPLICATION ON FILE WITH THE CIVIL SERVICE COMMISSION IN ORDER TO PARTICIPATE IN THE TESTING PROCESS.**

REQUIREMENTS

Must be a United States citizen and must be 18 years of age as of January 27, 2018. **Copies of the following must be submitted along with your application:** High School, trade school or GED diploma and proof of Citizenship (i.e. birth certificate, passport) **AND ASE CERTIFICATION OR MANUFACTURER CERTIFICATION IN DIESEL AND HYDRAULIC EQUIPMENT REPAIRS. NOTE: you will not be allowed to take the examination unless you have submitted copies of the required documents.**

RESIDENCY REQUIREMENT

Newly hired employees shall be allowed up to one (1) year from date of hire to move into the Village of Tinley Park planning area as defined by the Village of Tinley Park's comprehensive plan.

WRITTEN EXAMINATION

The written examination will test general knowledge, reasoning skills and reading comprehension. Candidates must achieve a score of 70% or higher on the written examination. Your score on the written examination will determine your place on a Preliminary Eligibility Register. In the case of tie scores, the date and time of filing of your application will determine your position on the register. All candidates wishing to exercise Military preference Points shall submit a request in writing after posting of the Preliminary Eligibility Register and shall submit a copy of their DD214 to the Civil Service Commission. After allocation of Military Preference Points, a final Eligibility Register will be posted. Upon certification to an available position, a thorough background investigation will be conducted along with a Psychological examination, Polygraph and Medical/Physical pre-employment physical examination. Examination to be conducted on:

Saturday, January 27, 2018 at 9:00 a.m.

Tinley Park High School

6111 175th St

Tinley Park, IL 60477

Signs will be posted to direct you to the testing area. Please arrive for registration by **8:30a.m.** Driver's License will be required for identification upon registration. All candidates will be notified of their results by mail.

THE DECISION OF THE TINLEY PARK CIVIL SERVICE COMMISSION WILL BE FINAL REGARDING APPOINTMENTS.



VILLAGE OF TINLEY PARK
 Incorporated June 28, 1892
 16250 S. Oak Park Avenue – Tinley Park, IL 60477
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The Village of Tinley Park is an equal opportunity employer as stated by the Civil Rights Acts of 1964, by Executive Order Numbers 11246 and 11701, and Section 503 of the Vocational Rehabilitation Act of 1973.

**CIVIL SERVICE COMMISSION
 APPLICATION FOR EMPLOYMENT**

Please complete this application in its entirety. Incomplete applications will not be accepted. In addition to your completed application, you may attach a resume reflecting your work history. A copy of your high school diploma/GED certificate and/or college transcripts may be required if selected for an interview. Your qualifications for this position will be evaluated strictly against the information you provide on this application and any supplemental questionnaire that may be required. Please advise Human Resources if you change your address and phone number. Please be advised that the most qualified applicants will be referred to the hiring department for further consideration.

SECTION 1: PERSONAL INFORMATION

DATE		POSITION FOR WHICH YOU ARE APPLYING			ARE YOU AT LEAST 18 YEARS OF AGE?		
		MECHANIC D6			___ YES ___ NO		
APPLICANT'S NAME (Last Name, First Name, Middle Name or Initial)				ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US?			
				___ YES ___ NO			
PRESENT ADDRESS - Number/Street/Apartment #		City		County		State	Zip Code
HOME PHONE NUMBER		CELL PHONE NUMBER		PERSONAL EMAIL ADDRESS			
TYPE OF EMPLOYMENT YOU ARE SEEKING				BEST TIME TO CONTACT YOU			
___ FULL-TIME		___ PART-TIME		___ TEMPORARY/SEASONAL		___ MORNING ___ EVENING	
SALARY/HOURLY RATE DESIRED		DATE AVAILABLE TO BEGIN WORK		HOW DID YOU HEAR ABOUT POSITION?			
HAVE YOU EVER BEEN EMPLOYED BY THE VILLAGE OF TINLEY PARK? IF SO, PLEASE LIST POSITION(S)/DATES.							

SECTION 2: EDUCATION, TRAINING, AND EXPERIENCE

LEVEL/TYPE OF SCHOOLING	SCHOOL NAME AND LOCATION (CITY, STATE)	DID YOU GRADUATE?	DEGREE, MAJOR, AND/OR CONCENTRATION
High School/GED		___ Y ___ N	
College/University		___ Y ___ N	
Post-Graduate School		___ Y ___ N	
Vocational/Technical School		___ Y ___ N	

Do you have any other experience, certificates, licenses, training, qualifications, or skills you believe to be relevant to the position for which you are applying? If so, please explain:

Please list any professional, trade, business or civic activities, memberships, or offices held which you believe are relevant to the position for which you are applying (you may exclude those which indicate race, color, religion, sex, national origin, age, disability, or other protected status):

COMPANY NAME		TYPE OF BUSINESS		PHONE NUMBER	
ADDRESS -		Number		Street	
		Suite		City	
		State		Zip Code	
POSITION(S) HELD			TYPE OF EMPLOYMENT		
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Seasonal		
BRIEF DESCRIPTION OF JOB DUTIES					
DATES EMPLOYED			STARTING AND ENDING SALARY OR HOURLY RATE		
SUPERVISOR'S NAME		SUPERVISOR'S POSITION		PHONE NUMBER	
MAY WE CONTACT EMPLOYER?					
<input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PLEASE EXPLAIN:					
PLEASE EXPLAIN REASON(S) FOR LEAVING					

COMPANY NAME		TYPE OF BUSINESS		PHONE NUMBER	
ADDRESS -		Number		Street	
		Suite		City	
		State		Zip Code	
POSITION(S) HELD			TYPE OF EMPLOYMENT		
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Seasonal		
BRIEF DESCRIPTION OF JOB DUTIES					
DATES EMPLOYED			STARTING AND ENDING SALARY OR HOURLY RATE		
SUPERVISOR'S NAME		SUPERVISOR'S POSITION		PHONE NUMBER	
MAY WE CONTACT EMPLOYER?					
<input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PLEASE EXPLAIN:					
PLEASE EXPLAIN REASON(S) FOR LEAVING					

SECTION 4: REFERENCES

Please provide three (3) professional references for which you have known for at least one (1) year.

NAME	COMPANY/TITLE	PHONE NUMBER	EMAIL ADDRESS

MECHANIC

Position Summary

An employee in this class repairs, services and maintains automotive and other mechanical equipment. The employee exercises considerable independence in the details of work and the work is reviewed for results only.

Duties and Responsibilities

- Repairs and reconditions trucks, cars, sweepers, tractors, loaders and other mechanical equipment.
- Repairs or replaces transmissions, brakes and other equipment parts.
- Services, repairs and welds a variety of automotive and mechanical equipment.
- Does snow plowing when necessary.
- PACE Bus certification.
- Performs related work as assigned.

Required Knowledge, Abilities and Skills

Good knowledge of the methods, tools and equipment used for mechanical service and repair. Skilled in the use of tools and equipment used in automotive repair. Working knowledge of occupational hazards and necessary safety precautions. Must be ASE certified or manufacturer certified in diesel and hydraulic equipment repairs. Must have knowledge in welding and fabricating. Good physical condition without serious defects in vision, hearing or members. Knowledge of computer based diagnostic equipment and computerized records keeping. Must pass initial drug test and random drug tests required by the State.

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to sit, stand talk and hear. The employee is occasionally required to climb or balance stoop, kneel, crouch, or crawl; The employee is frequently required to walk, use hands to finger, handle, feel or operate objects, or controls; and reach with hands and arms.

The employee must frequently lift and/or move up to 30 pounds and occasionally lift and/or move more than 100 pounds.

Salary and Benefits

Position: Maintenance Worker D-6

Location: Public Works Department

Salary: Minimum/start: \$26.31/hr
Maximum/end: \$36.80/hr

Hours: 7:00 a.m. – 3:30 p.m.

Benefits: Enrollment in Health/Dental/Life Insurance Plan (HMO, HMO-Advantage or PPO). Health coverage is effective on date of employment. Dependent children are covered up to the age of 26. Plan changes may be made only during open enrollment, once per year, or within 30 days of a major change including marital status, birth or death.

- **Holidays:** Eleven (11) paid holidays per year.
- **Vacation:**
 - 5 days after 1 year of service
 - 10 days after 2 years of service
 - 15 days after 7 years of service
 - 20 days after 11 years of service
 - 25 days after 15 years of service
- Mandatory participation in Illinois Municipal Retirement fund (IMRF).
- Optional participation in a variety of employee paid benefit programs including Deferred Compensation and Credit Union.

The Village of Tinley Park is an equal opportunity employer.

APPLICANT EEO DATA SHEET

POSITION APPLIED FOR: _____ DATE: _____

Important – please read carefully

To enable the Village of Tinley Park to meet governmental reporting regulations, applicants are requested, but not required, to complete this personal data sheet. This information will be used solely for statistical reporting purposes.

This information will be kept personal and confidential. Your voluntary cooperation is greatly appreciated.

Last Name	First Name	Middle Name	
Street Address	City	State	Zip code
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Ethnic Categories: Please check one.

- White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not or Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.



www.TinleyPark.org

FORM 1

Village President

Jacob C. Vandenberg

Village Clerk

Kristin A. Thirion

Village Trustees

Brian H. Younker

Michael J. Pannitto

Cynthia A. Berg

William P. Brady

Michael W. Glotz

Michael J. Mangin

Village Hall

16250 S. Oak Park Ave.

Tinley Park, IL 60477

Administration

(708) 444-5000

Fax: (708) 444-5099

Community

Development

(708) 444-5100

Fax: (708) 444-5199

Public Works

(708) 444-5500

Police Department

7850 W. 183rd St.

Tinley Park, IL 60477

(708) 444-5300

Non-Emergency

Fax: (708) 444-5399

John T. Dunn

Public Safety Building

17355 S. 68th Court

Tinley Park, IL 60477

Fire Department

(708) 444-5200

Non-Emergency

Fax: (708) 444-5299

EMA

(708) 444-5600

Fax: (708) 444-5699

Senior Community

Center

(708) 444-5150

RULES AND REGULATIONS

I hereby agree to abide by all Rules and Regulations of the Civil Service Commission of the Village of Tinley Park in submitting an application, during and after the examination or as an employee of the Village of Tinley Park.

NAME: _____

SIGNATURE: _____

DATE: _____



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AUTHORIZATION

I authorize CPS HR Consulting testing service and any other testing agent commissioned by the Civil Service Commission to release all test results, including medical, psychological and polygraph examinations to the Civil Service Commission of the Village of Tinley Park.

NAME: _____

SIGNATURE: _____

DATE: _____



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RELEASE OF LIABILITY

The undersigned hereby releases the testing service, Tinley Park Civil Service Commission, the Village of Tinley Park, Tinley Park High School and High School District 228 from any liability due to my injury or death in the testing process.

Village Hall
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Fax: (708) 444-5699

Senior Community Center
(708) 444-5150

NAME: _____

SIGNATURE: _____

DATE: _____



HIPAA AUTHORIZATION TO USE AND DISCLOSE CONFIDENTIAL HEALTH INFORMATION

To release the personal health information of:

Name: _____ Phone#: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____

To release to: Recipient: VILLAGE OF TINLEY PARK Phone #: _____
 Address: 16250 S. Oak Park Avenue State: _____ Zip: _____
Tinley Park, IL 60477 City: _____

To release from: Releasing Entity: _____ Phone #: _____

The purpose of this disclosure is: At the request of the individual Other: _____

The dates of care covered by this Authorization are: _____

Release the Following Information:

- Discharge Summary Pathology Report(s) Emergency Record(s) History & Physical
- Radiology Report(s) Itemized Billing Statement Consultation(s) Lab Report(s)
- Operative Report(s) Cardiology Report(s) Progress Notes Treatment Plan(s)
- Other Records as specified: _____
- Entire Medical Record (Except for Records Concerning Highly Confidential Information).

Release of Highly Confidential Information:

By checking any of the boxes next to a category of Highly Confidential Information listed below, I specifically authorize the use and/or disclosure of records relating to the category of Highly Confidential Information indicated next to the box:

(Please check all that apply—leaving a box unchecked may result in no information being disclosed for any purpose.)

- Mental Illness or Developmental Disability*** Abuse of an Adult with a Disability
- Sexually Transmitted Diseases (STD's) Genetic Testing
- Sexual Assault HIV/AIDS Testing or Treatment (including the fact that an HIV test was ordered, performed or reported, regardless of whether the results of such such tests were positive or negative)
- Substance (i.e., alcohol or drug) Abuse
- Child Abuse and Neglect

This Authorization will remain in effect:

- From the date of this Authorization until: _____ (Not over one year)
- Until the Releasing Entity fulfills the request or 120 days from the date this Authorization is signed, whichever occurs earlier.

I understand that:

- I have the right to inspect and receive copies of information to be disclosed.
- The information disclosed pursuant to the Authorization may be subject to redisclosure by the Recipient and may no longer be protected by applicable federal and Illinois law. ***** NOTICE TO RECIPIENT: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, you may not redisclose any records disclosed pursuant to said Act unless the person who consented to their disclosure specifically consents to such redisclosure.**
- I may refuse to sign this Authorization for any reason unless I am to receive health care or testing solely for the purpose of creating protected health information for disclosure to the Recipient identified in this Authorization.
- I have the right to revoke this Authorization in writing at any time but revoking this consent shall have no effect on disclosures made before receipt of the revocation of the consent by the releasing entity.

I have read and understand the terms of this Authorization, and I hereby knowingly and voluntarily authorize above Releasing Entity to use or disclose my health information in the manner described above.

Signature of Patient or Legal Representation	Date/Time	Signature of Witness*	Date/Time
*Witness' Signature is required for Mental Health or Developmental Disability treatment.			
If Signed by Legal Representative, Relationship to Patient: _____			