

APPLICATION FOR EMPLOYMENT

CITY OF MCLEANSBORO

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

POSITION(S) APPLIED FOR	DATE OF APPLICATION
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LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	STREET	CITY
		STATE
		ZIP CODE
TELEPHONE NUMBER(S)	SOCIAL SECURITY NUMBER (VOLUNTARY)	

Best time to contact you at home is: _____:_____ AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes _____ No

Have you ever filed an application with us before? _____ Yes _____ No
If Yes, give date _____

Have you ever been employed with us before? _____ Yes _____ No
If Yes, give date _____

Do any of your friends or relatives, other than spouse work here? _____ Yes _____ No
If Yes, state name, relationship and location _____

Are you currently employed? _____ Yes _____ No
May we contact your present employer?

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? _____

Are you available to work Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (SPECIFY)				

WORK EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES, OR OTHER PROTECTED STATUS.

EMPLOYER
ADDRESS
TELEPHONE NUMBER(S)
STARTING/PRESENT JOB TITLE
SUPERVISOR
REASON FOR LEAVING
DATES EMPLOYED FROM ___ / ___ / ___ TO ___ / ___ / ___
HOURLY RATE/SALARY STARTING \$ _____ FINAL \$ _____
WORK PERFORMED
MAY WE CONTACT ____ YES ____ NO

EMPLOYER
ADDRESS
TELEPHONE NUMBER(S)
STARTING/PRESENT JOB TITLE
SUPERVISOR
REASON FOR LEAVING
DATES EMPLOYED
FROM ___ / ___ / ___ TO ___ / ___ / ___
HOURLY RATE/SALARY
STARTING \$ _____ FINAL \$ _____
WORK PERFORMED
MAY WE CONTACT
<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER
ADDRESS
TELEPHONE NUMBER(S)
STARTING/PRESENT JOB TITLE
SUPERVISOR
REASON FOR LEAVING
DATES EMPLOYED
FROM ___ / ___ / ___ TO ___ / ___ / ___
HOURLY RATE/SALARY
STARTING \$ _____ FINAL \$ _____
MAY WE CONTACT
<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER
ADDRESS
TELEPHONE NUMBER(S)
STARTING/PRESENT JOB TITLE
SUPERVISOR
REASON FOR LEAVING
DATES EMPLOYED
FROM ____ / ____ / ____ TO ____ / ____ / ____
HOURLY RATE/SALARY
STARTING \$ _____ FINAL \$ _____
WORK PERFORMED
MAY WE CONTACT
<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS: INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT.

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES.

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY.

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD.

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

SPECIALIZED SKILLS (SKILLS/EQUIPMENT OPERATED)

_____ TERMINAL _____ PC/MAC _____ TYPEWRITER WPM _____	_____ SPREADSHEET _____ WORD PROCESSING _____ SHORTHAND WPM _____	PRODUCTION/MOBILE MACHINERY (LIST) _____ _____ _____	OTHER (LIST) _____ _____ _____
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.			
_____ _____ _____ _____ _____			

NOTE TO APPLICANT: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH OR WITHOUT A REASONABLE ACCOMODATION, THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED? A REVIEW OF THE ACTIVITIES INVOLVED IN SUCH A JOB OR OCCUPATION HAS BEEN GIVEN. **YES** **NO**

PERSONAL/PROFESSIONAL REFERENCES (DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS)

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

APPLICANT'S STATEMENT

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 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.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER 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 THIS ORGANIZATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE OF APPLICANT

DATE