

Name/Last, First, Middle	Position	Date
--------------------------	----------	------

**CITY OF CLINTON  
118 W. WASHINGTON ST.  
CLINTON, ILLINOIS  
(217) 935-9438**

# **EMPLOYMENT APPLICATION**

**AN EQUAL OPPORTUNITY EMPLOYER**

The AGE DISCRIMINATION IN EMPLOYMENT ACT of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

# PERSONAL INFORMATION

Last Name	First	Middle	Social Security No.
Present Address	City	State	Zip Code
Telephone No.			
Permanent Address	City	State	Zip Code
Telephone No.			
Do You Foresee Any Physical/Mental Impediment That Would Impinge Upon the Job You Are Applying For?			
Position Applied For:		Salary Desired:	
How Were You Referred to us?		Are You A Citizen of the U.S.A. Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If no, current status: VISA <input type="checkbox"/>	
		What Type? _____ Other _____	
Relatives or Friends Employed with us? Yes <input type="checkbox"/> No <input type="checkbox"/> Department:		Date Available for Work:	
Have You Ever Been Employed By This City? (When?)		Are You Applying For: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
		Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	
Long Range Occupation Goals:		Would You Consider Working Any Shift? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Weekends & Holidays: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Rotating Shifts: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		On Call: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Shift Preference: 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	

# EDUCATION/SKILLS

School	Name and Address of School	Course of Study	Check Last Year Completed	Did You Graduate?	List Diploma or Degree
High	_____		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)					
Area of Specialization Or Major Interest			Typing: Approx. WPM Shorthand: Approx. WPM		
List Business, Or Industrial Equipment Operated					

# PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are You: Currently:  Registered  Licensed  Certified  
Eligible for:  Registration  License  Certification

# IF LICENSED, REGISTERED OR CERTIFIED

Type	State Issued	Date	No.
Type	State Issued	Date	No.
Type	State Issued	Date	No.

# LANGUAGE SKILLS (where related to position sought)

Language	Do You?	<input type="checkbox"/> Speak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent	<input type="checkbox"/> Write	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent
Language	Do You?	<input type="checkbox"/> Speak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent	<input type="checkbox"/> Write	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent

# PREVIOUS EXPERIENCE

<b>Please List Name, Address and Phone Number of Previous Employers with Most Recent Employer First.</b>	<b>From</b>	<b>To</b>	<b>Immediate Supervisor</b>	<b>Last Salary</b>	<b>Reason For Leaving</b>
<b>Job Title:</b>					
<b>Employer Name</b>					
<b>Address &amp; Phone:</b>					
<b>Describe Position &amp; Duties:</b>					
	<b>From</b>	<b>To</b>	<b>Immediate Supervisor</b>	<b>Last Salary</b>	<b>Reason For Leaving</b>
<b>Job Title:</b>					
<b>Employer Name</b>					
<b>Address &amp; Phone:</b>					
<b>Describe Position &amp; Duties:</b>					
	<b>From</b>	<b>To</b>	<b>Immediate Supervisor</b>	<b>Last Salary</b>	<b>Reason For Leaving</b>
<b>Job Title:</b>					
<b>Employer Name</b>					
<b>Address &amp; Phone:</b>					
<b>Describe Position &amp; Duties:</b>					
	<b>From</b>	<b>To</b>	<b>Immediate Supervisor</b>	<b>Last Salary</b>	<b>Reason For Leaving</b>
<b>Job Title:</b>					
<b>Employer Name</b>					
<b>Address &amp; Phone:</b>					
<b>Describe Position &amp; Duties:</b>					
	<b>From</b>	<b>To</b>	<b>Immediate Supervisor</b>	<b>Last Salary</b>	<b>Reason For Leaving</b>
<b>Job Title:</b>					
<b>Employer Name</b>					
<b>Address &amp; Phone:</b>					
<b>Describe Position &amp; Duties:</b>					
	<b>From</b>	<b>To</b>	<b>Immediate Supervisor</b>	<b>Last Salary</b>	<b>Reason For Leaving</b>
<b>Job Title:</b>					
<b>Employer Name</b>					
<b>Address &amp; Phone:</b>					
<b>Describe Position &amp; Duties:</b>					
Indicate any of the above employers you do not want us to contact _____					
Can we run a detailed reference check? Yes <input type="checkbox"/> No <input type="checkbox"/> _____					
Please sign here to authorize reference check					
Did you serve in the U.S. Armed Services? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch of Service: _____					
Briefly describe duties and skills acquired in the service: (include dates)					

# REFERENCES

List At Least 3 References Who Are Not Relatives or Employers:

Name	Company & Address	Present Title	Telephone

# REMARKS

Make Any Comments You Feel Are Pertinent to Your Application:

I hereby certify that the information contained in this application form is true and correct and I authorize contact by our company representative of any of my schools, former employers or other references unless otherwise stated. This is to be done for the purposes of collecting information and an account of their experience with me.

I understand that if I am employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. I also understand that I may be required to successfully complete a medical examination before employment. This agreement does not bind either party for any specific period regarding employment.

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

## FOR OFFICE USE ONLY

TO BE COMPLETED AFTER EMPLOYED

Hired? Yes  No

See Comments Below.

Date of Birth: \_\_\_\_\_ Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

References Check and By Whom: \_\_\_\_\_

Interviewer's Comments: \_\_\_\_\_

If Applicant Is 19 Yrs. Old or Less, Is Proof of Age On File? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewer's Signature:
Starting Date: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Completion of Probation/Approved by Date:
Department: _____ Cost Center: _____	Signature:
Position/Job Site	<input type="checkbox"/> Full Time <input type="checkbox"/> On Call Status <input type="checkbox"/> Part Time <input type="checkbox"/> Rotation

Starting Salary/Grade	Differential	Shift	Employee Number
-----------------------	--------------	-------	-----------------

Notify in Case of Emergency	Name	Relationship	Address	Telephone #
-----------------------------	------	--------------	---------	-------------