Village of West City

1000 Blakely St.

West City, IL 62812

Ph.(618)438-6131 Fax (618)435-3180

**APPLICATION FOR EMPLOYMENT**

The Village of West City is an equal opportunity employer. The Village of West City considers applicants for all positions without regard to race, religion, gender, national origin, age, disability, marital status, or veteran status, or any other legally protected status. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative. A completed application is maintained on active status for a maximum of twelve (12) months from date signed. Any address changes must be forwarded to the HR Department to maintain eligibility for employment.

**FALSE OR MISLEADING INFORMATION IS CAUSE FOR THE APPLICATION TO BE REJECTED.**

|  |
| --- |
| **PLEASE PRINT OR TYPE**  **POSITION APPLYING FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Full-Time Part-Time Temporary**    **Title of Position Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Personal Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

*Would any of past employers, educational institutions, references listed on this application know you by another name other than the one listed above?* YES NO If yes, please list that name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street Name and/or PO Box Number City County State Zip

(Residency within the limits of Franklin County is required of City Employees)

How long at the above address? \_\_\_\_\_\_\_\_ If less than 5 years, please provide previous address:

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

Street Name and/or PO Box Number City County State Zip

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Telephone for Contact Purposes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are under 18 years of age, can you provide proof of your eligibility to work? YES NO Does Not Apply

Do you have a valid Driver’s License? YES NO If so, list number and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have a valid CDL Driver’s License? YES NO If so, list number and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a citizen of the United States? YES NO

If hired, would you be able to provide proof of legal work authorization in the United States? YES NO

Have you ever filed an application with us before? YES NO If yes, give date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? YES NO May we contact your present employer? YES NO

Are you currently on “lay-off” status & subject to recall? YES NO

What is your desired salary range? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any relatives working for the Village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Relationship

If you are hired, on what date will you be available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime, excluding minor traffic offenses? YES NO

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)*

**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SCHOOL** | **NAME & ADDRESS** | **CIRCLE**  **HIGHEST**  **GRADE**  **COMPLETED** | **DID YOU**  **GRADUATE?** | **DEGREE/MAJOR** |
| Elementary |  | 1 2 3 4 5 6 7 8 | YES NO |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High School |  | 9 10 11 12 | YES NO |  |
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| --- | --- | --- | --- | --- |
| College/University |  | 13 14 15 16 | YES NO |  |
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| --- | --- | --- | --- | --- |
| Graduate/  Professional |  |  | YES NO |  |
|  |  |  |  |  |
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|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other (Specify) |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**Military Service Record**

Have you ever been a member of the Armed Services of the United States of America? YES NO

If so, what branch of service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What was your rank? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any job-related training received in the United States military \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

List below present and past employment. Start with your present or last job.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Date Employed  (Month/Year) | Reason for  Leaving | Wages | Duties &  Responsibilities |
| 1.Name | From |  | Starting |  |
|  |  |  |  |  |
| Address |  |  | Ending |  |
|  | To |  |  |  |
|  |  |  |  |  |
| Phone # |  |  |  |  |
|  |  |  |  |  |
| Supervisor |  |  |  |  |
|  |  |  |  |  |
| 2.Name | From |  | Starting |  |
|  |  |  |  |  |
| Address |  |  | Ending |  |
|  | To |  |  |  |
|  |  |  |  |  |
| Phone # |  |  |  |  |
|  |  |  |  |  |
| Supervisor |  |  |  |  |
|  |  |  |  |  |
| 3.Name | From |  | Starting |  |
|  |  |  |  |  |
| Address |  |  | Ending |  |
|  | To |  |  |  |
|  |  |  |  |  |
| Phone # |  |  |  |  |
|  |  |  |  |  |
| Supervisor |  |  |  |  |
|  |  |  |  |  |

*If you need additional space, please continue on a separate sheet of paper.*

**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any other experiences, skills, or qualifications, which you feel, would especially aid you in performing the work for which you have applied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Specialized Skills

Computer Skills (Hardware & Software) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typewriter WPM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shorthand WPM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tools \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heavy Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Personal References**

(Not Former employers or relatives)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone #** | **Occupation** |
| 1. |  | Work |  |
|  |  |  |  |
|  |  | Home |  |
|  |  |  |  |
|  |  |  |  |
| 2. |  | Work |  |
|  |  |  |  |
|  |  | Home |  |
|  |  |  |  |
|  |  |  |  |
| 3. |  | Work |  |
|  |  |  |  |
|  |  | Home |  |
|  |  |  |  |
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| --- |
| Note to Applicants: 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 accommodation, the activities in the job or occupation for which you have applied? YES NO |

**Applicant’s Statement**

The facts set forth in this Application for Employment are true and complete. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge.

I authorize investigation of all statements contained in this Application for Employment as may be necessary through any investigative bureau. I authorize the references and previous employers listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information. I understand that I may be subject to a medical examination including a drug screen as a condition of employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Village of West City, Illinois is of an “at will” nature, which means that the employee may resign at any time and the City may discharge the employee at any time with or without cause.

This Application for Employment shall be considered active for twelve (12) months from the date signed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date