Application for Employment

Date Application Received: Phone: (618) 282-2315

Fax: (618) 282-4344

City of Red Bud 200 E. Market St.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, order of protection status, physical or mental disability, military status, sexual orientation, unfavorable discharge from military service (except dishonorable discharge), pregnancy, citizenship status, or any other legally protected status.

pregnancy, citizenship s	•		•	able discriarg	e),
	(PL	EASE PRINT	·)		
Position(s) Applied For:				Date of Application	1:
How did you hear about	this position?				
What is your expected s	alary for this position?	?			
Last Name			First Name	Middle I	Name
Address Number	Street	City	State	Zip Code	
Telephone Number(s)					
If you are under 18 year eligibility to work?	s of age, can you prov	ride required pro	oof of your	Yes	No
Have you ever filed an a	pplication with us before	ore?	If yes, give date	Yes	No
Have you ever been em	Yes	No			
Are you currently employ	yed?			Yes	No
May we contact your pre	Yes	No			
Are you prevented from Visa or Immigration Stat Proof of citizenship or immigr	us?			Yes	No
On what date would you	be available to start v	work?			
Are you available to wor	Temporar	У			
Are you currently on "lay	Yes	No			
Can you travel if a job re	Yes	No			

Education

	High School			Unde	Undergraduate College/Univeristy			Graduate/Professional					
School Name and Location													
Years Completed	9	10	11	12		1	2	3	4	1	2	3	4
Diploma / Degree													
Describe any specialized training, apprenticeship, skills and extra- curricular activities													
Describe any honors you have received													
State any additional information you feel may be helpful to us in considering your application													

Indicate any foreign languages you can speak, read and/or write.

You may exclude information which would reveal race, national origin, ancestry, or other protected status and is not required for the applied for position.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

stry, or handid	cap or other
ed to you a	nd are not
Yes	No
Yes	No

Employment 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, handicap or other protected status.

nanaleap of other protected status:	
1. Employer	Work Performed
Address	West Chomica
Telephone Number(s)	
Job Title	
Supervisor	
Reason for Leaving Start Date End Date	e e
2. Employer	Work Performed
Address	Work i enormed
Telephone Number(s)	
Job Title	
Supervisor	
Reason for Leaving Start Date End Date	e e
3. Employer	Work Performed
Address	Work Following
Telephone Number(s)	
Job Title	
Supervisor	
Reason for Leaving Start Date End Date	е
4. Employer	Work Performed
Address	
Telephone Number(s)	
Job Title	
Supervisor	
Reason for Leaving Start Date End Date	е
Have you ever been terminated from employme If yes, please provide company name and detail	
Summarize special job-related skills and qualification	ns acquired from employment or other experiences.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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 that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the City of Red Bud, Illinois to hire me. If I am hired, I 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 and approved by the City Council.

In the event of employment, I understand that false or misleading information given in my application or

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.

By my signature below, I am authorizing the City of Red Bud to conduct a criminal background check as required for employment with the city only after a conditional offer of employment is made unless the law requires otherwise.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY							
Arrange Interview Remarks		Yes	No				
Remarks				INTERVIEWER	DATE		
Council Approval on Employed		Yes	No	Date of Employment			
Job Title				Hourly Rate / Salary			
	D.,		Departme	ent			
	Ву			NAME AND TITLE			

NOTES:	 	 	