

# Application for Employment

City of Red Bud

200 E. Market St.

Red Bud, IL 62278

Date Application Received: \_\_\_\_\_

Phone: (618) 282-2315

Fax: (618) 282-4344

We consider applicants for all position without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or an other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application
--------------------------	---------------------

How Did You Learn About Us?		
a Advertisement	a Friend	a Walk-In
a Employment Agency	a Relative	a Other _____

Last Name	First Name	Middle Name
-----------	------------	-------------

Address	Number	Street	City	State	Zip Code
---------	--------	--------	------	-------	----------

Telephone Number(s)	Social Security Number
---------------------	------------------------

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

Have you ever filed an application with us before? a Yes    a No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? a Yes    a No

If Yes, give date \_\_\_\_\_

Are you currently employed? a Yes    a No

May we contact your present employer? a Yes    a No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? a Yes    a No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available to work? \_\_\_\_\_

Are you available to work:      a Full time      a Part Time      a Shift Work      a Temporary

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

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

Have you been convicted of a felony within the last 7 days? a Yes    a No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe course of study																	
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			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*


## References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

- 1.
- 2.
- 3.

Have you ever had any job-related training in the United States military? a Yes a No

If Yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying? a Yes a 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.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

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

## Special Skills and Qualifications

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

---



---



---



---

# 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 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.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview *a Yes a No*

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Council Approval on \_\_\_\_\_

Employed *a Yes a No*

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate / Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

NOTES \_\_\_\_\_

---



---



---



---