



<p align="center"><b>OFFICE USE</b></p> <p>DATE SUB. ___/___/___</p> <p>BY _____</p>
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## APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Fill out this application completely and accurately your application is made out properly it may increase your chances of employment. All statements in your application are subject to verification. **Incorrect statement(s) will bar or remove you from employment.** Please see the job posting for additional documents required when submitting application. Use the term "DNA" ("does not apply") if the question does not apply.

**All applications should be submitted to the Office of the City Clerk. Options for submitting said application are: email ([cathieward@jerseyville-il.us](mailto:cathieward@jerseyville-il.us)) preferred, hand deliver or mail to 115 E. Prairie St. Jerseyville, IL 62052, and fax (618) 498-4122.**

NAME \_\_\_\_\_

FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER?  YES  NO

POSITION APPLIED FOR \_\_\_\_\_

RATE OF PAY EXPECTED \_\_\_\_\_

WOULD YOU WORK FULL TIME? \_\_\_\_\_ PART TIME? \_\_\_\_\_

SPECIFY DAYS AND HOURS IF PART TIME \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF JERSEYVILLE?  YES  NO

IF YES, WHEN? WHAT POSITION? \_\_\_\_\_

**LIST ANY FRIENDS AND OR RELATIVES WORKING FOR THE CITY**

FIRST	LAST	RELATIONSHIP

EMERGENCY CONTACT \_\_\_\_\_

FIRST	LAST

STREET	CITY	STATE	ZIP

RELATIONSHIP	TELEPHONE

ARE THERE ANY OTHER REFERENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD QUALIFY YOU FOR A JOB WITH THE CITY?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT RECORD**

LIST BELOW, MOST RECENT FIRST, ALL PRESENT AND PAST EMPLOYMENT-

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ EMAIL \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ - \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

JOB TITLE AND DESCRIPTION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ EMAIL \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ - \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

JOB TITLE AND DESCRIPTION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ EMAIL \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

JOB TITLE AND DESCRIPTION \_\_\_\_\_

HAVE YOU EVER BEEN BONDED?  YES  NO IF YES, WHAT JOB? \_\_\_\_\_

WHICH OF THE EMPLOYERS LISTED ABOVE MAY WE CONTACT? \_\_\_\_\_

**RECORD OF EDUCATION**

DID YOU GRADUATE FROM HIGH SCHOOL?  YES  NO DATE OF GRADUATION \_\_\_\_/\_\_\_\_/\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_

IF "NO", LAST GRADE COMPLETED \_\_\_\_\_ YEAR COMPLETED \_\_\_\_\_

DO YOU HAVE A CERTIFICATE OF EQUIVALENC OR GED?  YES  NO DATE RECIEVED \_\_\_\_/\_\_\_\_/\_\_\_\_

COLLEGE, UNIVERSITY, OR BUSINESS SCHOOL ATTENDED \_\_\_\_\_

COURSE OF STUDY \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_/\_\_\_\_/\_\_\_\_

**RECORD OF MILITARY SERVICE**

WERE YOU OR ARE YOU IN THE ARMED FORCES?  YES  NO IF YES, WHAT BRANCH? \_\_\_\_\_

DATE OF DUTY \_\_\_\_/\_\_\_\_/\_\_\_\_ RANK \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_

LIST DUTIES IN THE SERVICE INCLUDING SPECIAL TRAINING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**RELEASE TO OBTAIN POLICE, BACKGROUND, OTHER INFORMATION**

I \_\_\_\_\_, born on \_\_\_\_/\_\_\_\_/\_\_\_\_\_, hereby authorize the City of Jerseyville to obtain a full report from the local police department or any other law enforcement agency. I understand that the information thus obtained may be used in determining whether to offer me employment with the City of Jerseyville. I understand that my birthdate may be used for a background check and not to discriminate on basis of age.

Employment may be refused to any individual who is subject to a pending criminal charge, has been convicted of a felony, misdemeanor or other offense, or is not bondable (where bondability is required), if the circumstances of the pending charge or conviction substantially relate to the circumstances of the particular job. Any false information or omission on this form will disqualify you from further consideration for employment and will be grounds for dismissal, if discovered at a later date. I agree to immediately notify the City of Jerseyville of any changes in this information while my job application is pending or during employment.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE

***PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE.***

THE FACTS SET FOURTH ABOVE IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE