

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

CITY OF FAIRFIELD

109 NE 2nd Street

Fairfield, IL 62837

618-842-2294

Important Legal Notice: An employer may not use any information provided by a job applicant in a way which results in illegal discrimination against the job applicant under applicable federal, state, or local law. For example, an employer may be subject to legal liability for denying a job opportunity to an applicant on the basis of information provided by the applicant regarding his or her educational background unless the information is reasonably related to the applicant's ability to perform the job or there is an otherwise legitimate business reason.

PERSONAL INFORMATION

NAME _____

(Last)

(first)

(Middle)

ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

(Area Code/Number)

Are you legally authorized to work in the US: Yes _____ No _____

POSITION DESIRED

POSITION _____

SALARY/WAGES EXPECTED _____

DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? _____ CAN WE QUESTION YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____

IF SO, WHERE? _____ WHEN? _____

(Cont.)

IMPORTANT NOTICE TO APPLICANTS

Under Illinois law, job applicants are not obligated to disclose sealed or expunged records of conviction or arrest or expunged juvenile records of conviction or arrest.

EMPLOYMENT HISTORY

DATES	EMPLOYER AND ADDRESS	JOB TITLE/DESCRIPTION OF DUTIES
1. _____ TO _____	_____ _____ _____	_____ _____ _____
2. _____ TO _____	_____ _____ _____	_____ _____ _____
3. _____ TO _____	_____ _____ _____	_____ _____ _____
4. _____ TO _____	_____ _____ _____	_____ _____ _____

EDUCATION _____ (Complete only if marked by prospective employer as required for position)

NAME OF SCHOOL	LOCATION	COURSE/DEGREE
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRAINING OR SPECIAL STUDY _____ (Complete only if marked by prospective employer as required for position)

REFERENCES

Give the names of three persons not related to you, that you have known for at least one year.

NAME	ADDRESS	PHONE NO.	OCCUPATION	YEARS KNOWN
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Cont.)

LIST OF ESSENTIAL JOB-RELATED FUNCTIONS (These will be filled in by the prospective employer)

1. _____
2. _____
3. _____
4. _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY

INTERVIEWED BY: _____ DATE: _____

COMMENTS: _____

HIRE: YES _____ NO _____

POSITION: _____ DEPARTMENT: _____

SALARY/WAGE: _____ REPORT DATE: _____

APPROVED: 1. _____ 2. _____ 3. _____
 Manager Dept. Head General Manager

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