

City of Murphysboro

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal opportunity and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Please Print In Ink

Legal Name:			
Address:			
City:	State	Zip Code	
Home Telephone:			
Daytime Telephone:	Are you at least 18 years old?		Yes ___ No ___
Position Applied For:	Salary Requirements:		
Referred By:	Date Available:		
Have you ever been employed by this organization?		Yes ___ No ___	When?
Have you ever been convicted of a felony? A conviction will not necessarily disqualify an applicant from employment. Yes ___ No ___ If Yes, Give location, date, charge and disposition of case(s) on a separate page. Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.		If applying for a position which requires driving a vehicle, please provide the following information: I have a valid driver's license. Yes ___ No ___ D.L.# _____ State _____	
Can you, if hired, submit verification of your legal right to work in the United States? Yes ___ No ___			

U.S. Military Service

If you have served in the U.S. Military, please provide the following information:

Branch of Service:			
Dates Served:	Beginning:	Ending:	
Type of Discharge:			

Education/Skills

Education Level	Name	City	State	Circle Yrs Completed	Units Completed	Degree	Major
High School				9 10 11 12			
Community/Jr College				1 2			
				1 2			
Business/Trade School				1 2			
				1 2 3 4			
College/University				1 2 3 4			
				1 2 3 4			
Graduate School							

Computer Software Skills

Computer Software	Name of Software	Your proficiency with the software		
Word Processing		Skilled ___	Competent ___	Familiar ___
Spreadsheet		Skilled ___	Competent ___	Familiar ___
Database		Skilled ___	Competent ___	Familiar ___
Other		Skilled ___	Competent ___	Familiar ___

Licenses/Certifications/Organizations

Professional Licenses and Certifications (Job Related)	Type of Licenses and Certifications	Date Issued	Registration Number	State	Expires Month/Year

Professional, Scholastic and Other Organizations (Job Related)	Name	Date	Name	Date

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability, or veteran status

Job Related Training

Name of Course	Year Completed

Employment History

This portion of the application must include a minimum of 10 years of work history and must be completed even if supplemented by a resume.

List your most recent employer first, including U.S. Military Service and unpaid or volunteer work.

Base salary does not include overtime, bonuses or commissions.

From (Mo/Yr) _____	To (Mo/Yr) _____	Total _____	Years _____	Months _____	Your Position _____
Employer: _____			Supervisor: _____		
Address: _____			Phone Number: _____		
Type of Business: _____			Reason for Leaving: _____		
Base Salary: Start _____ Final _____ Monthly ___ Bi-Weekly ___ Weekly ___ Hourly ___ Other Compensation/Bonuses _____					
Brief Description of Your Duties and Responsibilities: _____					

From (Mo/Yr) _____	To (Mo/Yr) _____	Total _____	Years _____	Months _____	Your Position _____
Employer: _____			Supervisor: _____		
Address: _____			Phone Number: _____		
Type of Business: _____			Reason for Leaving: _____		
Base Salary: Start _____ Final _____ Monthly ___ Bi-Weekly ___ Weekly ___ Hourly ___ Other Compensation/Bonuses _____					
Brief Description of Your Duties and Responsibilities: _____					

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From (Mo/Yr) _____	To (Mo/Yr) _____	Total _____	Years _____	Months _____	Your Position _____
Employer: _____			Supervisor: _____		
Address: _____			Phone Number: _____		
Type of Business: _____			Reason for Leaving: _____		
Base Salary: Start _____ Final _____ Monthly ___ Bi-Weekly ___ Weekly ___ Hourly ___ Other Compensation/Bonuses _____					
Brief Description of Your Duties and Responsibilities: _____					

References (no relatives, please)

Name: _____ Address: _____ City/State/Zip: _____ Daytime Phone: _____ Relationship: _____	Name: _____ Address: _____ City/State/Zip: _____ Daytime Phone: _____ Relationship: _____
Name: _____ Address: _____ City/State/Zip: _____ Daytime Phone: _____ Relationship: _____	Name: _____ Address: _____ City/State/Zip: _____ Daytime Phone: _____ Relationship: _____

Authorization and Agreement

I hereby authorize you to contact:

My present employer(s): Yes _____ No _____
 My past employers: Yes _____ No _____
 My references: Yes _____ No _____

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the State. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

Do not sign until you have read the above authorization and agreement statements.

Signature

Date