

APPLICATION FOR EMPLOYMENT

CITY OF MACOMB, ILLINOIS

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

PLEASE PRINT
ANSWER ALL QUESTIONS COMPLETELY

Position Applied for: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Have you ever been known by or used any other name? If yes, what was that name?

Present Address: _____
Street City State Zip

Email: _____ Phone No.: _____

Prior Addresses: (Please specify below)

Street Address	City	State	Dates of Residency	
			To	From
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

Do you have a valid drivers license? Yes No drivers license number: _____

Have you received a high school diploma or GED? Yes No

Have you ever applied with the city before? Yes No if yes, when/for what position? _____

Are you currently employed? Yes No _____

If employed, may we inquire with your employer? Yes No

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

Are you at least 18 years of age? Yes No

Are you legally eligible to work in the United States? Yes No if yes, explain _____

(Proof of Citizenship will be required upon employment.)

MILITARY SERVICE

Branch: _____ From: _____ to Discharge Date: _____

Duties Performed: _____

REFERENCES

List three persons not related to you, whom you have known for at least one year.

	Name	Phone	Address	Business	Years Known	Relationship
1.						
2.						
3.						

EDUCATION

Name/Location of School	Did You Graduate?	Major/Minor Subjects Studied
High School / GED	() Yes () No	
College	() Yes () No	
College	() Yes () No	
Other Training	() Yes () No	

I, the undersigned, affirm that the information given by me on this application is true and correct and I hereby acknowledge that falsification of any part of this application may result in denial of employment or discharge after employment.

I understand a physical examination and drug screen may be required prior to beginning employment and that I may be required to undergo drug testing if deemed necessary by supervisory personnel. I also understand that upon commencing employment, I will be required to maintain permanent residence within the boundary lines of McDonough County, Illinois.

Date

Signature

RETURN COMPLETED APPLICATION TO:

**Mayor's Office
City of Macomb
232 E. Jackson Street
P.O. Box 377
Macomb, IL 61455**

RELEASE FORM

In connection with my application for employment with the City of Macomb, I understand and agree that investigative inquiries are to be made on myself which may include, but not limited to: consumer credit, criminal convictions, motor vehicle history, educational transcripts, and other reports of any nature and type, including information in the public domain. These reports will include information as to my character, work, habits, performance, and experience together with reasons for termination of past employment.

I understand and agree that the City of Macomb may request information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, credit, criminal, education, and other experiences.

I authorize without reservation all corporations, companies, municipalities, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so.

This authorization, in original, copy, or facsimile form, shall be valid for this and any future reports that may be requested.

I hereby authorize investigation of all statements made by me with no liability arising there from.

Printed name: _____ Date: _____

Signature: _____

Social Security Number: _____

TO: Affirmative Action Office
City Hall
232 E. Jackson Street
P. O. Box 377
Macomb, IL 61455

CITY OF MACOMB

The City of Macomb compiles summary data from its applicants regarding characteristics related to equal employment opportunity. For the purpose of statistical analysis only, we are requesting that you complete and return this form. This is voluntary information, if provided, will neither enhance nor detract from your opportunity for employment. Return of this form is optional. Thank you.

Position applied for:

Department:

Name: _____ Sex: Female Male

Citizenship: Native U.S.A. Naturalized Non-U.S.A. Citizen

EEO class: American Indian/Alaskan Native Black White
 Asian or Pacific Islander Hispanic

Are you a veteran? Yes No

Discharge Date: _____

Advertisement source?

Publication name:

Other:

Signature:

Date: