

# 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**

**Application Date** \_\_\_/\_\_\_/\_\_\_\_\_

**ANSWER ALL QUESTIONS COMPLETELY & NEATLY**

**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 #: \_\_\_\_\_

Prior Addresses:

Street Address

City

State

Residency Dates

From

To

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

Do you have a valid driver's license? Yes / No

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

(Proof of citizenship will be required upon employment.)

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ to Discharge Date: \_\_\_\_\_

Duties performed: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** Please list your last four employers, starting with the most recent.

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Dates Employed: From: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

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

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Phone \_\_\_\_\_ Dates Employed: From: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

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

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Phone \_\_\_\_\_ Dates Employed: From: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

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

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Phone \_\_\_\_\_ Dates Employed: From: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

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

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**SPECIAL SKILLS AND QUALIFICATIONS** Summarize job-related skills & qualifications from employment or other experience.

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

	Name	Phone	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	_____

Are you an IMRF retiree?  Yes  No If you are an IMRF retiree, it is suggested you review General Memo 688 and the return-to-work rules for IMRF retirees. Your retirement status will have no effect on this application.

**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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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 reservations 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 USA \_\_\_ Naturalized \_\_\_ Non-USA 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: \_\_\_\_\_