

# City of Maroa

120 S Locust Street

Maroa, IL 61756

Phone: (217) 794-2206 / Fax: (217) 794-5125

## **APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**(PLEASE PRINT)**

Date of Application: \_\_\_\_\_

### **PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

### **EMPLOYMENT DESIRED**

Position(s) Applied For: \_\_\_\_\_

How Did You Learn About Us?

Advertisement  Employment Agency  Friend  Inquiry  Relative

Other: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Employed Now: \_\_\_\_\_ If So, May We Contact Your Employer: \_\_\_\_\_

Do any of your friends or relatives, other than your spouse, work here?  Yes  No

If yes, state name, relationship, and position: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Can you travel if a job requires it?  Yes  No

Are you currently on temporary leave?  Yes  No

Are you subject to recall?  Yes  No

**EDUCATION**

School & Address:

Elementary School: \_\_\_\_\_  
\_\_\_\_\_

Graduated:

Yes  No

GPA:

\_\_\_\_\_

High School: \_\_\_\_\_  
\_\_\_\_\_

Yes  No

College: \_\_\_\_\_  
\_\_\_\_\_

Yes  No

Degree: \_\_\_\_\_

Trade, Business, or Correspondence School: \_\_\_\_\_  
\_\_\_\_\_

Yes  No

Subjects of Special Study or Research Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE** (List below last four employers, beginning with present or more recent.)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Starting Date: \_\_\_\_\_  
Ending Position: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Starting Date: \_\_\_\_\_  
Ending Position: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Starting Date: \_\_\_\_\_  
Ending Position: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Starting Date: \_\_\_\_\_  
Ending Position: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Additional Information:** (Summarize special job related skills and qualifications acquired by employment or other experience.)

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**PERSONAL/PROFESSIONAL REFERENCE**

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Occupation: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Occupation: \_\_\_\_\_

.....

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Occupation: \_\_\_\_\_

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In Case of Emergency, Notify: \_\_\_\_\_  
Name:

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notices.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

