

# City of Carlinville

## Application for Employment

(An Equal Opportunity Employer)

City of Carlinville  
550 N. Broad St.  
Carlinville, IL 62626

(217) 854-4076 phone  
(217) 854-4398 fax

It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the municipality. Please print or type.

### 1. GENERAL INFORMATION:

Name-Last	First	Middle	Social Security No. (voluntary only)
Present street address-Street	City	State	Zip Code
Permanent street address-Street	City	State	Zip Code
Referred to City of Carlinville by	Date available for employment		E-mail address:
Type of employment desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	Position applying for		Starting salary desired

Answer all of the following questions by checking the appropriate box.

Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to be on call? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any competing or conflicting business interests? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by this municipality before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied for employment with this municipality before? <input type="checkbox"/> Yes <input type="checkbox"/> No	After employment, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been convicted of, or pleaded guilty to a misdemeanor or felony (other than parking violation)?  Yes  No  
If yes, please state the nature of the offense for which you pleaded guilty, the date of the conviction, or the entering of the plea, the judgment imposed, the court imposing the judgment and its location, and the docket number of the proceeding.

A "Yes" response to the preceding question will not disqualify you from consideration for employment at the City of Carlinville. A record of conviction does not mean you cannot be hired. The nature and circumstances of any conviction, how long ago it occurred, and other factors, including the relationship of the conviction to the position for which you are applying, are all important considerations in the employment process. Thus, please provide a complete response to the question so that an appropriate decision may be made.

Please note: You are not obligated to disclose sealed or expunged records of conviction or arrest.

We are an equal opportunity employer and do not and will not discriminate against applicants or employees on the basis of race, sex, color, creed, ancestry, religion, age, handicap, national origin, citizenship, or veteran status, or any other basis as provided by federal, state, and local law.



## 11. EMPLOYMENT BACKGROUND (cont'd.)

Company- Name	Address	Phone No.
Dates From - To	Starting base salary \$	Per
Current or final base salary \$		

Job title(s) and inclusive dates in each job title

Brief description of duties in last job title (including number of persons supervised)

Last supervisor's name and title      Reason for leaving

Please identify and explain any gaps in employment longer than three (3) months

## III. MILITARY SERVICE

Active duty branch	Highest rank attained
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Brief description of duties

## IV. EDUCATION/SKILLS

School	Name and address of school	Course of study	Check last year completed				Did you graduate?	List diploma or degree
High			1	2	3	4	<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
College			1	2	3	4	<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
College			1	2	3	4	<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		

Other (special courses or training — include special military training and post graduate training)

Area of specialization or major interest	Typing speed (approx. WPM)	Shorthand (approx. WPM)
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List business, or industrial equipment operated

## V. ACTIVITIES

Please list job-related organizations, clubs, professional societies, or other associations to which you belong. Exclude those which indicate your race, religious creed, color, disability, marital status, national origin, ancestry, sex, or age.

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Subjects of special study or research (college or other)

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## VI. REFERENCES

List three (3) references (previous supervisors preferred — do not use relatives)

Name and association	Occupation	Address	Phone	Yrs. known

I understand that no supervisor, officer, agent or representative of the municipality, other than its mayor and city council, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

By accepting employment with this municipality, I recognize that I have no express or implied contractual rights to continued employment with the municipality. Additionally, I understand that just as I have the right to terminate my employment at any time, for any reason, the municipality also has the right to terminate my employment.

I grant permission to the City of Carlinville to investigate my complete personal, educational and work histories and to verify all information that may be given in connection with my seeking employment with the City of Carlinville. In addition, I release the City of Carlinville and all its agents, as well as any individual or organization and all of their agents who supply written or oral information regarding myself to the City of Carlinville, from any and all liabilities resulting from such investigation or verification. I understand and agree that I may be denied employment or, if I am already employed, that my employment may be terminated based on information obtained during that investigation or verification. Upon the termination of my employment with the City of Carlinville regardless of when, how or why my employment is terminated, and whether such termination is affected by me or the municipality, I authorize the release of referenced information on all aspects of my employment with the municipality and release the City of Carlinville and all its agents from any and all liability resulting from disclosure of information on my employment history. Moreover, I understand and agree that should I be offered employment with the City of

I certify that I have given true and accurate information, and that I have read and agreed to the conditions of employment stated in this application, and authorize the release as set forth above. If any information contained in this application is found to be false, my application for employment may be rejected, and if I am already employed, I will be subject to discharge.

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_