

# Village of Illiopolis

302 5th Street  
P.O. Box 299  
Illiopolis, Illinois 62539  
217 / 486-2511

## EMPLOYMENT APPLICATION

**INSTRUCTIONS:** Please print or type all information completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance,

Position Applied For: \_\_\_\_\_

Last Name: \_\_\_\_\_

First: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Message Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

1. How did you hear of this opening?  
\_\_\_\_\_

2. When can you start? \_\_\_\_\_

3. Desired wage \$ \_\_\_\_\_

4. Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes  No

(You may be required to provide documentation.)

5. Have you ever worked for The Village of Illiopolis?

Yes  No

If yes, please give date(s) of employment. \_\_\_\_\_

6. Are you looking for full-time employment?

Yes  No

If no, what hours are you available? \_\_\_\_\_

Will you work weekends? Yes  No

Will you work on call? Yes  No

7. Have you ever been convicted of a felony?

(This will not necessarily affect your application.)

Yes  No

If yes, please describe conditions.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. DRIVER'S LICENSE INFORMATION**

Do you have a valid Driver's License? Yes <input type="radio"/> No <input type="radio"/>	Has your license ever been suspended? Yes <input type="radio"/> No <input type="radio"/>
Driver's License Number:	Has your license ever been revoked? Yes <input type="radio"/> No <input type="radio"/>
State:                      Expiration Date:	If yes, provide dates and explanation:
CDL Class:                      Endorsements:	

**9. EDUCATION & SPECIAL TRAINING**

Do you have a High School Diploma? Yes <input type="radio"/> No <input type="radio"/>	Do you have a GED? Yes <input type="radio"/> No <input type="radio"/>
Date Obtained: _____	Date Obtained: _____
Name & Location of Last High School Attended:	
Name: _____	City: _____ State: _____
<b>List Colleges, Universities, and Special Training Below:</b>	
Name & Location:	Degree, Certification, Training, & Years Completed:
1.	
2.	
3.	
4.	

## 10. EMPLOYMENT & WORK EXPERIENCE

<b>Current Status:</b> Employed <input type="radio"/> Unemployed <input type="radio"/> Student <input type="radio"/> From mm/yy: _____ To mm/yy: _____						
<b>Present of Most Recent Employer</b>					Employer	
<b>From</b>		<b>To</b>		<b>Total Time</b>		Address
Mo Yr		Mo Yr		Yr Mo		Telephone
Hours per week						Job Title
Starting Salary			\$ _____ per			Supervisor's Name & Title
Last Salary			\$ _____ per			Reason for Leaving Position
Number of Employees Supervised (If applicable):					May we contact your present employer? Yes <input type="radio"/> No <input type="radio"/>	
Describe Specific Duties & Responsibilities:						

<b>Other Employer</b>					Employer	
<b>From</b>		<b>To</b>		<b>Total Time</b>		Address
Mo Yr		Mo Yr		Yr Mo		Telephone
Hours per week						Job Title
Starting Salary			\$ _____ per			Supervisor's Name & Title
Last Salary			\$ _____ per			Reason for Leaving Position
Number of Employees Supervised (If applicable):					May we contact your present employer? Yes <input type="radio"/> No <input type="radio"/>	
Describe Specific Duties & Responsibilities:						

<b>Other Employer</b>					Employer	
<b>From</b>		<b>To</b>		<b>Total Time</b>		Address
Mo Yr		Mo Yr		Yr Mo		Telephone
Hours per week						Job Title
Starting Salary			\$	per		Supervisor's Name & Title
Last Salary			\$	per		Reason for Leaving Position
Number of Employees Supervised (If applicable):					May we contact your present employer? Yes <input type="radio"/> No <input type="radio"/>	
Describe Specific Duties & Responsibilities:						

## 11. REFERENCES

Professional References			
Name	Address	Telephone	Relationship
1.			
2.			
3.			
Personal References			
1.			
2.			
3.			

**Please read this statement carefully before signing below:**

The Village of Illiopolis is an Equal Opportunity Employer. The Village of Illiopolis does not discriminate on the basis of age, race, religion, sex, national origin, sexual orientation, disability, or any legally protected classification of employment, promotional opportunities or in the selection of volunteers or interns. I hereby certify that each response on this application and all other information I have furnished in applying for employment with The Village of Illiopolis is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. All information is subject to investigation and verification. Subsequent to a conditional offer of employment, I give my consent to The Village of Illiopolis to conduct a complete criminal background investigation, motor vehicle record check, reference checks, and pre-employment physical examination which may include a drug screen. My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

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

\_\_\_\_\_  
Date