



# APPLICATION FOR EMPLOYMENT

115 S. Oakwood Ave., Geneseo, IL 61254

*All applicants will be considered for employment without regard to race, religion, color, sex, national origin, ancestry, age, marital status, order of protection status, military status, or unfavorable discharge from military service, sexual orientation, pregnancy, medical condition or disability, or any other status protected by law. We are an Equal Opportunity Employer.*

Please complete the entire application

Date:

## Applicant Information

Name (first, middle, last)	
Address (street, city, state, zip code)	Day Telephone ( )
Social Security #:	Evening Telephone ( )
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.	

Have you applied with the City of Geneseo before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____	Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____
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<b>Position Applying for</b>	Part or Full Time	Salary Desired	Shift Preference
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When are you available to start?

City employees are required to live no more than fifteen (15.00) miles from City Hall within six months of employment (one year for sworn officers). If offered employment, are you willing to comply with this requirement within six months of employment?

Yes  No

## Special Skills/Abilities/Knowledge (May extend onto the top of next page if necessary)

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**Employment History (start with most recent; use separate sheet if necessary)**

Name of Employer	Telephone	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From	To
Description of Duties		
Salary – start	Salary – end	Reason for Leaving
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer	Telephone	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From	To
Description of Duties		
Salary – start	Salary – end	Reason for Leaving

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Name of Immediate Supervisor	From	To
Description of Duties		
Salary – start	Salary – end	Reason for Leaving

### Education

School	Name and Location (City, State)	No. Years Attended	Major Subjects	Diploma or Degree Rec'd
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

### Training Courses

List any relevant training programs completed.			
Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

### License(s)

Driver's license number:	State issued:	
Are you licensed with any group, association or society relating to the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration or License Number	State Issued	Expiration Date

**Employment References**

List individuals familiar with your job qualifications (no family/relatives).	
Name	Day Telephone
Address	Evening Telephone
Relationship	How long known?
Name	Day Telephone
Address	Evening Telephone
Relationship	How long known?
Name	Day Telephone
Address	Evening Telephone
Relationship	How long known?

**Please Read Carefully Before Signing This Form**

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.

I authorize the city to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purposes of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment. This report may contain information about me concerning my character, general reputation, personal characteristics, and mode of living, among other relevant things. This information may be obtained from a variety of sources, including but not limited to, government agencies, past employers, personal interviews with those who know me and others.

I understand that upon receiving a job offer, a criminal background check, a physical examination and drug screening may be requested. (Note: If this is a job requirement, you will be notified). I also understand that upon employment, I must furnish proof of eligibility to live and work legally in the United States.

I also understand that the City will require me within six months of employment to reside no more than fifteen (15.00) miles from City Hall. An employee's failure to live within the boundaries of the residency requirements may constitute grounds for immediate dismissal.

Regardless of whether or not I become employed by the City, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the City is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no City employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the City, and then only by means of a signed, written document.

Signed by Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



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## INVITATION TO SELF-IDENTIFY

The following information is requested in order to fulfill reporting requirements of the federal government. The data collected will be used solely for research and statistical purposes. It will not be used in the employment decision process. Your cooperation in providing this information is voluntary.

This form will not be made available to interviewers or included in operating office personnel records. It will be kept in a confidential file separate from the employment application. Thank you.

**Name:** \_\_\_\_\_

**Position Applying for:** \_\_\_\_\_

### Gender

Male

Female

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

**Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American:** a person having origins in any of the black racial groups of Africa.

**Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

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### Referral Source

- Newspaper
- Online (Please Specify): \_\_\_\_\_
- Employee Referral
- Government Agency
- School/College
- Walk-in
- Other (Please Specify): \_\_\_\_\_