

CITY OF BELLEVILLE
101 S. ILLINOIS ST.
BELLEVILLE, IL 62220
APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classification.

Name _____ Date _____

Address _____
 Street _____ City _____ State _____ Zip _____

Telephone Number _____ Are you over 18 years old? Yes No

Social Security Number _____

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening?

Have you worked here before? Yes No

Are you aware of the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

Are there any hours, shifts or days you cannot or will not work?
 Shift preferred _____ Part-Time _____ Full-Time _____

Are you willing to work overtime as required? Yes No

Have you been convicted of a felony within the past 7 years? Yes No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School				
College/University				
College/University				
Other Training Education				

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company?

POSITION APPLIED FOR: _____

Wage or salary desired? _____ When can you start? _____

(OVER)

WORK HISTORY

May we contact your present employer? Yes No

Most Recent Employer	Description of Duties
Address	
City/State/Zip	
Name/Title/Telephone Number of Supervisor	
Reason for Leaving	Date Started/Starting Salary Date Left/Salary on Leaving
Previous Employer	Description of Duties
Address	
City/State/Zip	
Name/Title/Telephone Number of Supervisor	
Reason for Leaving	Date Started/Starting Salary Date Left/Salary on Leaving
Previous Employer	Description of Duties
Address	
City/State/Zip	
Name/Title/Telephone Number of Supervisor	
Reason for Leaving	Date Started/Starting Salary Date Left/Salary on Leaving
Previous Employer	Description of Duties
Address	
City/State/Zip	
Name/Title/Telephone Number of Supervisor	
Reason for Leaving	Date Started/Starting Salary Date Left/Salary on Leaving

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the City of Belleville to make an investigation of any of the facts set forth in this application.

I understand that employment with the City of Belleville is "at-will," which means that either I or the City can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Date _____ Applicant's Signature _____