

CITY OF BEARDSTOWN
105 WEST THIRD STREET
BEARDSTOWN, IL 62618

EMPLOYMENT APPLICATION

Print Name First Middle initial Last

Home address

City State Zip Code

Social Security Number Date of Birth Telephone number

Position applied for Are you now employed When can you begin work?

Minimum salary desired By whom were you referred?

Were you previously employed by us? If yes, when?

What position?

Do you have any physical condition which may limit your ability to perform the particular job to which you are applying?
If yes, describe such condition

Have you ever been convicted of a felony? If yes, please attach a sheet explaining the circumstances.

Have you ever served in the U.S. Armed Forces?
Branch Rank

Name and location of schools attended beginning with High School. Give dates of attendance and degrees received, include any special training.

Your name when attending school _____

Name and Location of School	Number of Years	Did you graduate?	Degree and/or Specialization
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High School

College

Graduate School

SUPPLEMENTARY EDUCATION AND TRAINING (EXCLUSIVE OF ABOVE)

Title of Course Day or Evening Course?	Where Taken?	Years/Months	Studying Now?
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Professional or Community Memberships

Describe any experiences, skills or talents you have that would be useful. Include volunteer services, foreign language or special licenses.

Beginning with your present employer and working back; list with accurate dates the jobs you have held. Include periods of unemployment. Please attach a plain sheet if additional space is required. Unless you specifically request otherwise, we will assume we may contact former employers for reference information.

PLACE OF EMPLOYMENT		NATURE OF WORK	
1.	Name		
	Address		
	Dates: From:	To:	
	Reason for leaving	Salary	Supervisor
2.	Name		
	Address		
	Dates: From:	To:	
	Reason for leaving	Salary	Supervisor
3.	Name		
	Address		
	Dates: From:	To:	
	Reason for leaving	Salary	Supervisor
4.	Name		
	Address		
	Dates: From:	To:	
	Reason for leaving	Salary	Supervisor

Give names of three persons, other than those listed on page 3, not related to you who have knowledge of your professional and/or personal qualities, whom we may contact for references. Please give full names and complete addresses.

NAME AND OCCUPATION

ADDRESS

PHONE NUMBER

A satisfactory health examination and chest x-ray may be required of new employees. If a position with the City of Beardstown is offered to me, I am willing to comply with these requirements.

To determine my qualifications for employment, I authorize the City of Beardstown to send for references and to conduct an investigation of my application. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application, or if employed by the City of Beardstown, in the termination of employment.

Date _____ Signature _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER