

CITY OF NEWTON

108 N. Van Buren Street, Rm. A

Newton, Illinois 62448

www.cityofnewtonil.com

PHONE (618) 783-8451

INCORPORATED CITY 1887

A CITY FOR PROGRESS

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer...all applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Last Name	First Name	Middle Initial	Home Phone Number:	
Street Address	City/State	Zip Code	Cell Phone Number:	
If hired, can you provide evidence of legal eligibility to work in the U.S.?		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.		
Position Desired:	Wage/Salary Desired:	Full Time? Part Time?		
Do you currently hold a valid driver's license? Yes / No				
First and last dates available for work:		Are you 18 years of age or older?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.	
Name of high school attended:	City & State	Graduate? Yes / No	GED? Yes / No	
Name of college or technical school:	City & State	Graduate? Yes / No	Degree? Yes / No	Major:
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:		
List any extra-curricular activities:				
List any job-related skills or accomplishments, including military service:				

- Availability For Work -			
Full time Yes / No	Part time Yes / No	Shift Work Yes / No	Temporary Yes / No
How did you learn about this job opening?			
- Provide Three References Who Are Not Former Employers Who We May Contact -			
Name and Occupation	How do you know them, and for how long?	Phone Number	

- Employment History -

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position? _____	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Work performed and reason for leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Work performed and reason for leaving:
Telephone:	
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Supervisor:	Work performed and reason for leaving:

Telephone:	
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CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:	Date:
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