



## EMPLOYMENT APPLICATION

### RESIDENCY REQUIREMENT

The City of Sycamore requires that all employees reside and maintain their domicile within twenty (20) miles of their place of work to be qualified employees of the City of Sycamore, Illinois. Residency must be established within twelve (12) months of the date of hire unless otherwise specified in a collective bargaining agreement.

(PLEASE PRINT OR TYPE)

#### Applicant Information

Full Name: _____ Date: _____			
<i>Last</i> _____ <i>First</i> _____ <i>M.I.</i> _____			
Address: _____			
<i>Street Address</i> _____ <i>Apartment/Unit #</i> _____			
<i>City</i> _____ <i>State</i> _____ <i>ZIP Code</i> _____			
Home Phone: ( ) _____ Cell Phone: ( ) _____			
If hired, date available: _____	Desired Salary: \$ _____		
Position Applied for: _____			
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">NO <input type="checkbox"/></td> </tr> </table>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">NO <input type="checkbox"/></td> </tr> </table>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	If so, when? _____		
Have you ever been convicted of a felony?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">NO <input type="checkbox"/></td> </tr> </table>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	<small>No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature and the date of the offense, as well as the surrounding circumstances and the relevance of the offense to the position applied for may however, be considered. The applicant is not obligated to disclose sealed or expunged records of conviction or arrest pursuant to Section 12 of the Illinois Criminal Act.</small>		
If yes, explain: _____			
Are you age 18 or older?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">NO <input type="checkbox"/></td> </tr> </table>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have a valid Driver's License?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">NO <input type="checkbox"/></td> </tr> </table>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	Classification (circle): A B C D L M or CDL		
Are you related to any employee of the City of Sycamore or an elected official?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">NO <input type="checkbox"/></td> </tr> </table>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	If yes, please state their name and relationship to you: _____		
<b>Please indicate how you heard about the position for which you are applying:</b>			
Newspaper <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Walk-in <input type="checkbox"/>			

#### Education

High School: _____ Address: _____
Number of Years completed: _____
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____
College: _____ Address: _____
Number of Years completed: _____
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____
Other: _____ Address: _____
Number of Years Completed: _____
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____

List any correspondence courses, special courses, seminars, workshops, etc. that you have attended that might relate to this position:

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List any professional organizations that you belong to that might relate to this position:

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List any licenses or certifications that you hold that may relate to this position:

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List any other skills/experience that you have that may relate to this position:

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### Previous Employment

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**References**

*Please list three business/work references, **excluding current City of Sycamore employees or elected officials***

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

**Disclaimer and Signature**

*I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.*

*I hereby authorize the City of Sycamore to thoroughly investigate my references, work record, and other matters related to my suitability for employment and further, I authorize my former employers to disclose to the City of Sycamore any and all letters, reports, and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the City of Sycamore, my former employers, and all other persons, corporations, partnerships, and associations, from any and all claims, demands, or liabilities arising out of or in anyway related to such investigation or disclosure.*

*I understand that any offer of employment is conditional upon the successful completion of a background check, drug screen, and physical examination.*

*I understand that nothing contained in this application or conveyed during my interview, which I may be granted, is intended to create an employment contract between the City of Sycamore and myself. In addition, I understand and agree that, if I am employed, I must serve a probationary period, during which I may be terminated at any time with or without prior notice, at the option of the City of Sycamore or myself. Furthermore, no promises or representation contrary to the foregoing are binding on the City of Sycamore unless made in writing and signed by the City of Sycamore and myself.*

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

**IT IS THE POLICY OF THE CITY OF SYCAMORE TO PROVIDE EMPLOYMENT, TRAINING, COMPENSATION, PROMOTIONS, AND OTHER CONDITIONS OF EMPLOYMENT WITHOUT REGARDS TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE OR DISABILITY, EXCEPT WHERE AGE, SEX, OR PHYSICAL STANDARDS ARE APPLICABLE BONA FIDE OCCUPATIONAL REQUIREMENTS.**