



**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. City Manager must reside within city limits.

(PLEASE PRINT OR TYPE)

**Applicant Information**

Please indicate how you heard about this vacancy: Newspaper Relative Friend Website Walk-in

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Desired Salary \$ \_\_\_\_\_

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? YES  NO  If hired, date available: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever worked for this company? YES  NO

Are you age 18 or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you related to any employee or elected official of the City of Sycamore?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please state their name and relationship to you: _____
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Do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Classification (circle): A B C D L M or CDL
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**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 Number of Years completed: \_\_\_\_\_ City/State: \_\_\_\_\_

Did you graduate? YES  NO  Degree received: \_\_\_\_\_

College/University: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_

Did you graduate? If no, give total Credit Hours: \_\_\_\_\_ YES  NO  Degree received: \_\_\_\_\_

Other Education: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_

Number of Years completed: \_\_\_\_\_ Did you complete course of study? YES  NO  Degree or Certificate received: \_\_\_\_\_

List any correspondence or special courses, seminars, workshops, etc. that you have attended that may 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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**Current / Previous Employment**

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

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

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

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

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

May we contact your supervisor for a reference? YES  NO

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

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

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

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

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

May we contact your supervisor for a reference? YES  NO

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

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

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

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

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

May we contact your 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:	City, State, Zip:
Full Name:	Relationship:
Company:	Phone: ( )
Address:	City, State, Zip:
Full Name:	Relationship:
Company:	Phone: ( )
Address:	City, State, Zip:

**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.**

**Updated: 2018**