



308 West State Street  
 Sycamore, IL 60178  
 Main: (815)895-4515  
 HR Fax: (815)895-1760

## EMPLOYMENT APPLICATION

### Applicant Information

Please indicate how you heard about this vacancy:  Social Media  GovHR  City Website  Referral  Other

Full Name: \_\_\_\_\_  
*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  If so, when? \_\_\_\_\_

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?	If yes, please state their name and relationship to you: _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

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:	City/State:
Number of Years completed: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree received: _____
College/University:	Address:	City/State:
Number of Years completed: _____	Did you graduate? If no, give total Credit Hours: _____	Degree or Certificate received: _____
	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other Education:	Address:	City/State:
Number of Years completed: _____	Did you complete course of study? YES <input type="checkbox"/> NO <input type="checkbox"/>	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: \_\_\_\_\_

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

\_\_\_\_\_

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

May we contact your supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

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

\_\_\_\_\_

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

May we contact your supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

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

\_\_\_\_\_

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

May we contact your supervisor for a reference? YES NO

**References**

Please list three professional references, excluding current City of Sycamore employees, elected officials, or relatives.

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 REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE OR DISABILITY, EXCEPT WHERE AGE, SEX, OR PHYSICAL STANDARDS ARE APPLICABLE BONA FIDE OCCUPATIONAL REQUIREMENTS.**