

**CITY OF VANDALIA, ILLINOIS**  
**APPLICATION FOR EMPLOYMENT**

**NOTE: AS A CONDITION OF EMPLOYMENT ALL APPLICANTS TO WHOM A CONDITIONAL OFFER OF EMPLOYMENT IS EXTENDED MUST PASS A PRE-EMPLOYMENT DRUG SCREEN**

(PLEASE PRINT) Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Expected rate of pay: \$\_\_\_\_ hourly \$\_\_\_\_ monthly

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Employment Agency

☐ Walk In ☐ Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Number Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Please provide any other name(s) used in the past that would be necessary for the City to know in order to verify prior employment and/or education: \_\_\_\_\_

Are you over the age of 18? ☐ Yes ☐ No

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? If yes, give date? \_\_\_\_\_

Have you ever been employed here before? If yes, give date \_\_\_\_\_

Do you have any relatives employed here? If yes, provide name: \_\_\_\_\_

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you a U.S. citizen or can you establish that you are an authorized worker? ☐ Yes ☐ No

On what date would you be available for work? \_\_\_\_\_

Are you available to work ☐ Full time ☐ Part time ☐ Special Assignment

Are you on layoff and subject to recall? ☐ Yes ☐ No

Have you ever been convicted of, or pled guilty or nolo contendere to any crime (other than a minor traffic violation)? ☐ Yes ☐ No

If yes, please explain (Note that conviction of a crime will not necessarily disqualify an applicant – the nature of the crime and when the conviction occurred will be considered) \_\_\_\_\_

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying either with or without a reasonable accommodation? ☐ Yes ☐ No

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.) \_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers.

EDUCATION

|   | ELEMENTARY | HIGH       | COLLEGE/<br>UNIVERSITY | GRADUATE<br>PROFESSIONAL |
|---|------------|------------|------------------------|--------------------------|
| School Name   |            |            |                        |                          |
| Years Completed (Circle)  | 4 5 6 7 8  | 9 10 11 12 | 1 2 3 4                | 1 2 3 4                  |
| Diploma/Degree  |            |            |                        |                          |
| Describe Course of Study  |            |            |                        |                          |
| Describe Specialized Training,<br>Apprenticeship, Skills and<br>Extra-Curricular Activities |            |            |                        |                          |
| Honors Received:  |            |            |                        |                          |

State any additional information you feel may be helpful to us in considering your employment: \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience, including, but not limited to, ability to type, take shorthand, word processing, computer skills, ability to operate machinery, or any other skills or abilities related to the position for which you are applying.

### EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

|                    |                    |       |                |
|--------------------|--------------------|-------|----------------|
|                    | DATES EMPLOYED     |       | WORK PERFORMED |
| EMPLOYER           | FROM               | TO    |                |
| ADDRESS            |                    |       |                |
| PHONE              |                    |       |                |
| JOB TITLE          | HOURLY RATE/SALARY |       |                |
|                    | STARTING           | FINAL |                |
| SUPERVISOR         |                    |       |                |
| REASON FOR LEAVING |                    |       |                |

|                    |                    |       |                |
|--------------------|--------------------|-------|----------------|
|                    | DATES EMPLOYED     |       | WORK PERFORMED |
| EMPLOYER           | FROM               | TO    |                |
| ADDRESS            |                    |       |                |
| PHONE              |                    |       |                |
| JOB TITLE          | HOURLY RATE/SALARY |       |                |
|                    | STARTING           | FINAL |                |
| SUPERVISOR         |                    |       |                |
| REASON FOR LEAVING |                    |       |                |

|                    |                    |       |                |
|--------------------|--------------------|-------|----------------|
|                    | DATES EMPLOYED     |       | WORK PERFORMED |
| EMPLOYER           | FROM               | TO    |                |
| ADDRESS            |                    |       |                |
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|                    | STARTING           | FINAL |                |
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|                    |                    |       |                |
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| EMPLOYER           | FROM               | TO    |                |
| ADDRESS            |                    |       |                |
| PHONE              |                    |       |                |
| JOB TITLE          | HOURLY RATE/SALARY |       |                |
|                    | STARTING           | FINAL |                |
| SUPERVISOR         |                    |       |                |
| REASON FOR LEAVING |                    |       |                |

If you need additional space, please continue on a separate sheet of paper.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation or the presence of a disability or handicap, provided the applicant has the ability to perform the essential functions of the position applied for either with or without a reasonable accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or material omissions on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the City and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the City or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the City. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the City in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the City during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the City will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the City and is exclusively the City's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the City.

\_\_\_\_\_  
Signature

FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE

Position Considered \_\_\_\_\_

Interviewed By \_\_\_\_\_

Date \_\_\_\_\_

Accepted for Employment \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_