

City Of Anna

Employment Application

103 Market Street
Anna. Il. 62906

**Full Time
Employment**

Applicant Information

Full Name:				Date:			
Last		First		M.I.			
Address:				City			
		Street Address					
Circle One:		Position Applied For:		Other-			
		Police Officer		Fire Fighter		Clerical Laborer	
				State		ZIP Code	
Phone #:		()		Drivers License #:			
Date Available:		Social Security #:		Salary		\$	
Referred By :							
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?	
Have you ever worked for this company?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain-	

Education

High School:		Address:					
From:		To:		Did you graduate?		YES <input type="checkbox"/>	
						NO <input type="checkbox"/>	
College / Other :		Address:					
From:		To:		Did you graduate?		YES <input type="checkbox"/>	
						NO <input type="checkbox"/>	

References

Please list three references

Name:		Phone #:	
Address:			
Name:		Phone #:	
Address:			
Name:		Phone #:	
Address:			

Previous Employment

Company:		Phone #:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> Other:
Company:		Phone #:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> Other:

Consent / Waiver and Signature

I certify that my answers are true and complete to the best of my knowledge.

Background Screen Release: *I hereby authorize and give consent for the City of Anna, to obtain information regarding myself. This includes the following: Social Security / Drivers License Verification, Criminal Background records / information and Address check. I the undersigned, authorize this information to be obtained either in writing, electronic transmission or via telephone, in connection with my employment application.*

Drug / Alcohol Testing: *If offered / accepted employment with the City of Anna, you **may** be required to take a test for drug / alcohol use and submit to a medical examination.*

I authorize the City of Anna, to thoroughly investigate all statements contained in this application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation, without giving me prior notice of such disclosure. In addition, I release the City of Anna, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date:
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