



# Application for City Employment

255 South Lincoln, O'Fallon, Illinois 62269  
618-624-4500 www.ofallon.org

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual preference, the presence of a disability or handicap or any other legally protected status.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Source:  Print Advertisement in \_\_\_\_\_  Electronic Advertisement on \_\_\_\_\_  
 Friend  Relative  Walk-In  Other \_\_\_\_\_

## PERSONAL

Last Name		First Name		Middle Initial
Street Address		City	State	Zip Code
Daytime Telephone ( ) ( )	Alternate Telephone ( ) ( )	Email Address (if available)		

In the event this information becomes invalid, indicate the name and phone number of someone through whom you may be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

		Yes	No	N/A
Have you previously applied for a position with the City of O'Fallon?	If yes, date? _____	<input type="checkbox"/>	<input type="checkbox"/>	
Have you previously been employed with the City of O'Fallon?	If yes, date? _____	<input type="checkbox"/>	<input type="checkbox"/>	
Are you authorized to work in the United States?		<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been discharged from employment or asked to resign? (Downsize/layoff is not applicable.)		<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any relatives working for the City of O'Fallon?		<input type="checkbox"/>	<input type="checkbox"/>	
If under the age of 18, can you provide a work permit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of or pled guilty or nolo contendere to any crime (other than a minor traffic violation)? If yes, please explain on a separate sheet of paper.		<input type="checkbox"/>	<input type="checkbox"/>	

Conviction of a crime will not necessarily disqualify an applicant. You are not required to disclose sealed or expunged records.

What date would you be available to work? \_\_\_\_\_

Type of work desired (mark all that apply):  Full time  Part time  Temporary

## EDUCATION

	Name, City & State of School	Attended From - To	Graduate Yes or No	Degree	Major
High School or GED					
College					
Post Graduate					
Trade School					
Other					

**EMPLOYMENT HISTORY**

List your chronological history of employment starting with your current or most recent position. Account for all periods of time including military assignments, periods of unemployment, volunteer work and internships. If multiple positions were held with the same employer, please list each position separately.

Name, Address, and Phone of Employer	Describe your duties: <input type="checkbox"/> Full time <input type="checkbox"/> Part time, # of hours per week _____		
Position Title:	May we contact? (Yes/No)	Salary/Earnings	Reason for Leaving
		Starting:        per	
Name of Supervisor	Dates Employed: From  To	Ending        per	

Name, Address, and Phone of Employer	Describe your duties: <input type="checkbox"/> Full time <input type="checkbox"/> Part time, # of hours per week _____		
Position Title:	May we contact? (Yes/No)	Salary/Earnings	Reason for Leaving
		Starting:        per	
Name of Supervisor	Dates Employed: From  To	Ending        per	

Name, Address, and Phone of Employer	Describe your duties: <input type="checkbox"/> Full time <input type="checkbox"/> Part time, # of hours per week _____		
Position Title:	May we contact? (Yes/No)	Salary/Earnings	Reason for Leaving
		Starting:        per	
Name of Supervisor	Dates Employed: From  To	Ending        per	

Name, Address, and Phone of Employer	Describe your duties: <input type="checkbox"/> Full time <input type="checkbox"/> Part time, # of hours per week _____		
Position Title:	May we contact? (Yes/No)	Salary/Earnings	Reason for Leaving
		Starting:        per	
Name of Supervisor	Dates Employed: From  To	Ending        per	

If you need additional space, please continue on a separate sheet of paper following the same format as above.

**SKILLS AND QUALIFICATIONS**

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Attach additional pages if needed.

---

---

---

**REFERENCES**

Provide information for three professional or personal references. Do not include supervisors previously listed in the Employment History section or relatives.

Name		Phone Number
Company	Title	Relationship
Name		Phone Number
Company	Title	Relationship
Name		Phone Number
Company	Title	Relationship

**CERTIFICATION**

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 on this application, any other pre-employment documentation or interview may 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 Company 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, other than the Mayor, 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 Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company 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.

Applicant's Signature

Date



# Voluntary Data Sheet

255 South Lincoln, O'Fallon, Illinois 62269  
618-624-4500 www.ofallon.org

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual preference, the presence of a disability or handicap or any other legally protected status. The City complies with government regulations, including Affirmative Action responsibilities where required. To comply with these requirements we request that you volunteer certain information to us. This is NOT part of your application and your cooperation is voluntary, inclusion or exclusion of any data will not affect an employment decision. Submission of this information is voluntary.

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

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Social Security Number	Date of Birth	Male or Female	
Current Job	City Position Applied For		

Please check one ethnic category:

- White (not of Hispanic origin)     Hispanic     Asian or Pacific Islander  
 Black (not of Hispanic origin)     American Indian or Alaskan Native

Please check all which apply:

- Handicapped     Vietnam Era Veteran     Disabled Veteran