



TREE CITY USA

EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

CITY OF ALTAMONT
202 NORTH SECOND, ALTAMONT, IL 62411

Return Applications To
City Clerk
City of Altamont
202 North Second
Altamont, IL 62411

POSITION APPLIED FOR
TODAYS DATE
LAST NAME FIRST NAME MI SOCIAL SECURITY NUMBER

PRESENT ADDRESS

HOME TELEPHONE WORK TELEPHONE Cell Phone

DRIVERS LICENSE NUMBER STATE CURRENT NON-CDL CDL

AVAILABILITY (Circle One) Full Time Part Time Date Available to Begin Work

If your answer to any of the following is "yes" please provide a detailed explanation on the back. You are not obligated to disclose expunged juvenile records of adjudication, arrest or conviction.
1 Have you ever been convicted or pleaded no contest for any offense other than traffic violations with fines of \$25.00 or less?
2 Are you currently pending trial for any offenses?
3 Have you had any serious accidents or illnesses of long duration?

Prior to employment, applicants will be investigated as to convictions for prior criminal offenses. A prior conviction will not automatically disqualify an applicant for employment and will be considered only as it relates to the job applied for.

HIGH SCHOOL GRADUATE Yes No NUMBER OF YRS COMPLETED 0 1 2 3 4 GED Yes No

HIGH SCHOOL ATTENDED

Table with columns: COLLEGE, BUSINESS, CORRESPONDENCE SCHOOL, FROM MO YR, TO MO YR, SUBJECTS, COMPLETED YES NO

Table with columns: TECHNICAL / PROFESSIONAL LICENSE, NUMBER, STATE ISSUED, DATE ISSUED, EXPIRATION DATE

CAN YOU OPERATE ANY COMPUTER SYSTEMS? Yes No

LIST THE PROGRAMS / SYSTEMS

DO YOU HAVE ANY REALTIVES OR FRIENDS WHO ARE PRESENTLY (OR HAVE FORMERLY BEEN) EMPLOYED BY THE CITY OF ALTAMONT? NAME RELATIONSHIP

# EMPLOYMENT HISTORY

|                           |                       |                                      |                                |
|---------------------------|-----------------------|--------------------------------------|--------------------------------|
| <b>EMPLOYER</b>           |                       | <b>TYPE OF BUSINESS</b>              |                                |
|                           |                       |                                      |                                |
| <b>ADDRESS</b>            |                       | <b>PHONE</b>                         | <b>SUPERVISOR</b>              |
|                           |                       |                                      |                                |
| <b>YOUR POSITION</b>      | <b>DATES EMPLOYED</b> |                                      | <b>SALARY</b>                  |
|                           | <b>BEGINNING</b>      | <b>ENDING</b>                        | <b>BEGINNING</b> <b>ENDING</b> |
|                           |                       |                                      |                                |
| <b>REASON FOR LEAVING</b> |                       | <b>MAY WE CONTACT THIS EMPLOYER?</b> |                                |
|                           |                       | Yes                                  | No                             |
| <b>PRIMARY DUTIES</b>     |                       |                                      |                                |
|                           |                       |                                      |                                |

|                           |                       |                                      |                                |
|---------------------------|-----------------------|--------------------------------------|--------------------------------|
| <b>EMPLOYER</b>           |                       | <b>TYPE OF BUSINESS</b>              |                                |
|                           |                       |                                      |                                |
| <b>ADDRESS</b>            |                       | <b>PHONE</b>                         | <b>SUPERVISOR</b>              |
|                           |                       |                                      |                                |
| <b>YOUR POSITION</b>      | <b>DATES EMPLOYED</b> |                                      | <b>SALARY</b>                  |
|                           | <b>BEGINNING</b>      | <b>ENDING</b>                        | <b>BEGINNING</b> <b>ENDING</b> |
|                           |                       |                                      |                                |
| <b>REASON FOR LEAVING</b> |                       | <b>MAY WE CONTACT THIS EMPLOYER?</b> |                                |
|                           |                       | Yes                                  | No                             |
| <b>PRIMARY DUTIES</b>     |                       |                                      |                                |
|                           |                       |                                      |                                |

|                           |                       |                                      |                                |
|---------------------------|-----------------------|--------------------------------------|--------------------------------|
| <b>EMPLOYER</b>           |                       | <b>TYPE OF BUSINESS</b>              |                                |
|                           |                       |                                      |                                |
| <b>ADDRESS</b>            |                       | <b>PHONE</b>                         | <b>SUPERVISOR</b>              |
|                           |                       |                                      |                                |
| <b>YOUR POSITION</b>      | <b>DATES EMPLOYED</b> |                                      | <b>SALARY</b>                  |
|                           | <b>BEGINNING</b>      | <b>ENDING</b>                        | <b>BEGINNING</b> <b>ENDING</b> |
|                           |                       |                                      |                                |
| <b>REASON FOR LEAVING</b> |                       | <b>MAY WE CONTACT THIS EMPLOYER?</b> |                                |
|                           |                       | Yes                                  | No                             |
| <b>PRIMARY DUTIES</b>     |                       |                                      |                                |
|                           |                       |                                      |                                |

I declare the foregoing to be, to the best of my knowledge and belief, an accurate statement of facts. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal.

Date \_\_\_\_\_

\_\_\_\_\_  
**Usual Signature of Applicant**  
 (Application not valid without signature)

I hereby certify that all responses set forth during my employment application process are true and complete. My signature also authorizes the City of Altamont, Illinois or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my prior employment positions, criminal background and educational background. I hereby authorize all persons, companies or other entities connected with any such information request, including without limitation prior employers and law enforcement agencies, to provide any and all information and/or records they may have regarding me or my employment. I release and agree to indemnify City of Altamont, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such an investigation including without limitation, any liability for furnishing information or for taking any action based on the information provided.

\_\_\_\_\_  
**Usual Signature of Applicant**

Date \_\_\_\_\_