

EMPLOYMENT DESIRED

Are you applying for:

Equipment Operator:____ High School Student Summer Position ____
 Office Position:____ College Student Summer Position:____
 Laborer Position:____ Crossing Guard:____
 Other:_____ Police Dispatcher:____

I would like to apply for any of the above:____

Are you interested in a specific department/position? _____ If so, which department? _____

Part Time _____ Full Time _____

If hired, on what date can you start work:_____Salary desired:_____

If applying for temporary work, during what period of time will you be available?

From:_____

EDUCATION, TRAINING AND EXPERIENCE

School	Name & Address	No. of Years completed	Did you Graduate?	Degree or Diploma/GED
High School			Yes____ No_____	
College			Yes____ No_____	
Vocational/ Business			Yes____ No_____	

OFFICE

*Typing Yes__ No__ Words per minute____

*Calculators Yes__ No__

*Computer experience/training:

DOS Yes__ No__
 Windows Yes__ No__
 Spreadsheets Yes__ No__
 Wordperfect Yes__ No__

EQUIPMENT OPERATOR

Operating experience:
 (please check all that apply)

*Back hoe ____
 *End loader ____
 *Skid loader____
 *Vibratory roller ____
 *Bulldozer____
 *Excavator____
 *Construction Experience:
 -water lines ____
 -sewer lines ____
 -streets ____
 -concrete ____
 *Other_____

CDL License ____ Date issued_____

Do you have a valid driver's license? Yes____ No____

Driver's License Number: _____

Note: Hire is subject to passing a physical examination. Drug tests will be mandatory for all positions in the City of Taylorville.

EMPLOYMENT HISTORY

(List Below All Present and Past Employment, Starting With Your Most Recent Employer.)

Name of Employer: _____

Address: _____
 No. Street City State Zip

Type of Business: _____

Telephone No. (_____) _____ Your Supervisors Name: _____

Your Position and Duties: _____

Dates of employment: Starting _____ to _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
 No. Street City State Zip

Type of Business: _____

Telephone No. (_____) _____ Your Supervisors Name: _____

Your Position and Duties: _____

Dates of employment: Starting _____ to _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. (_____) _____ Your Supervisors Name: _____

Your Position and Duties: _____

Dates of employment: Starting _____ to _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. (_____) _____ Your Supervisors Name: _____

Your Position and Duties: _____

Dates of employment: Starting _____ to _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

REFERENCES

(List below Three Persons You Have Known At Least One Year. Do Not List Relatives or Former Employers.)

Name: _____

Address: _____
No. Street City State Zip

Occupation: _____

Telephone No. (_____) _____ Number of years acquainted: _____

Name: _____

Address: _____
No. Street City State Zip

Occupation: _____

Telephone No. (_____) _____ Number of years acquainted: _____

Name: _____

Address: _____
No. Street City State Zip

Occupation: _____

Telephone No. (_____) _____ Number of years acquainted: _____

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only.

SUBMISSION OF INFORMATION IS VOLUNTARY.

Check One: Male Female Date of Birth: _____

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Island

Check if any of the following are applicable:

Vietman Era Veteran Disabled Veteran Handicapped Individual

APPLICANTS STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by the rules and regulations of the employer.

Signature of Applicant

Date

This application is valid for (90) days.

EQUAL EMPLOYMENT OPPORTUNITY

The City of Taylorville hereby declares to uphold, defend, enforce and advocate for all laws related to equal employment opportunity.