

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

This application is valid for (90) days. *It will be discarded after that time. To renew this application for another 90 days, you must come to the Mayor's office and sign this document in the space below.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date renewed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date renewed

## City of Taylorville EMPLOYMENT APPLICATION

For your information:

In order for a person to be considered for employment by the City of Taylorville they must-

1. Become a City resident or establish residency within 6.5 mile radius of the Christian County Courthouse within ninety (90) days after the completion of their probationary period. Failure to become and remain a resident of the City or to establish residency within a 6.5 mile radius of the Christian County Courthouse shall result in an immediate termination.
2. Employees who are city residents or establish residency within a 6.5 mile radius of the Christian County Courthouse shall maintain said residency or continue to reside within a 6.5 mile radius of the Christian County Courthouse during term of employment or be subject to immediate termination. Employees who do not live within the city limits are not allowed to take city owned vehicles to their residence.
3. Have earned a high school diploma or G.E.D.

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### EMPLOYMENT RESTRICTIONS

#### Nepotism

Taylorville Municipal Code-Section 1-9-8 of Chapter 9, Title I

Ordinance No.

Amended 11/6/95 and Effective 11/16/95

No two or more members of the same "immediate family" shall henceforth, be or remain as full-time or part-time employees anywhere within the AFSCME bargaining unit of the City of Taylorville. The term "immediate family" as used herein shall mean all persons who are included within any person's natural, step, foster, or adopted relationship with the following persons: husband, wife, mother, father, brother, sister, child, grandchild, grandfather, grandmother, and the spouse of any and all of said persons and all other persons living in the said household of any of said persons. This section shall not apply to any person of the same "immediate family" who are employed with the City of Taylorville on the effective date hereof; provided, however, this section shall apply to each and every subsequent application for City employment by anyone within such applicant's same "immediate family". This section shall further not apply to those hired as seasonal employees, provided that such seasonal employees not work in the same City Department with any "immediate family". This section shall not apply to those hired as a "seasonal employee" (as defined in paragraph D. of Section 1-9-8), provided that such "seasonal employee" not work in the same City Department with any member (s) of the same "immediate family"; nor to employees of the Police or Fire bargaining units.

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PLEASE PRINT

Name: \_\_\_\_\_

Last

First

Middle

Telephone Number: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address: \_\_\_\_\_

No.

Street

City

State

Zip

**EMPLOYMENT DESIRED**

Which Department are you interested in?

- Clerk's Office \_\_\_\_\_
- Treasurer's Office \_\_\_\_\_
- Police Dispatch \_\_\_\_\_
- Cemetery \_\_\_\_\_
- Lake \_\_\_\_\_
- Street \_\_\_\_\_
- Sewer \_\_\_\_\_
- Water \_\_\_\_\_

Which position are you interested in?

- Equipment Operator: \_\_\_\_\_ High School Student Summer Position \_\_\_\_\_
- Office Position: \_\_\_\_\_ College Student Summer Position: \_\_\_\_\_
- Laborer Position: \_\_\_\_\_ Crossing Guard: \_\_\_\_\_
- Police Dispatcher: \_\_\_\_\_

Are you interested in Part Time or Full Time?

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:

- Windows Yes \_\_\_ No \_\_\_
- Excel Yes \_\_\_ No \_\_\_
- Wordperfect Yes \_\_\_ No \_\_\_
- QuickBooks 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**

Yes \_\_\_ No \_\_\_

Date Issued \_\_\_\_\_

Class A \_\_\_\_\_ Class B \_\_\_\_\_ Endorsements \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ Driver 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

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**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.

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**EQUAL EMPLOYMENT OPPORTUNITY**

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