

**F11 Employment Application (Regular) – City of Mattoon, Illinois**

Mattoon considers all applications for all positions without regard to race, color, religion, creed, sex, nation origin, disability, sexual orientation, citizenship status, or any other legally protected status per the Americans with Disabilities act of 1990.

Employment Application (Regular) – The City is an Equal Opportunity Employer & Provider.

**GENERAL INSTRUCTIONS**

- A You may request any needed accommodation to participate in this application process, for example, an accommodation for a test, a job interview, or a job demonstration.
- B Carefully review the information about the position to ensure that you meet the necessary qualifications for the position.
- C The information on this form must be printed clearly or typewritten.
- D A separate application must be submitted for each position.
- E It is your responsibility to keep your name & address current.
- F **CAUTION:** Give complete and concise answers to all questions. You can be credited only with the education and experience shown on this application and any required supplementary form. You must be able to substantiate all statements made on this form. Truthful answers to questions contained on this form are considered a condition of employment (if falsehoods are discovered on this form it may lead to termination).
- G Return the completed form to: **GartlanM@mattoonillinois.org** or place in the water payment dropbox at City Hall 208 N 19th Street Attn: Mickey Gartlan

1. What is the title of the position you are applying for? Street Dep't, Parks Dep't, or Both

PERSONAL INFORMATION				
2. LAST NAME	FIRST	MIDDLE	<del>3. SOCIAL SECURITY NUMBER</del>	
4. STREET ADDRESS	CITY	STATE	ZIP	5. PHONE:

THE BELOW TWO ITEMS ARE REQUIRED FOR BACKGROUND CHECKS.

6A DRIVER'S LICENSE NUMBER	<del>6B. DATE OF BIRTH</del>
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- 7.  Yes  No Have you ever been employed by us? If yes, please be sure to list under employment history.
- 8.  Yes  No Have you ever been enrolled in an educational institution or employed under any other name, such as a prior legal name or maiden name? If yes, please give the name you used.  
\_\_\_\_\_
- 9.  Yes  No Do you live within 20 miles of the corporate limits of the City? All full-time employees must be United State citizens and shall be actual residents within twenty (20) miles of the City of Mattoon's corporate limits no later than one year after their hire date and must

maintain that residency within this twenty miles distance during their municipal employment.

10.  Yes  No Are you a citizen of the United States? If no, you must be able to produce proof of having obtained permanent resident status.
11.  Yes  No Do you have a valid driver's license?
12.  Yes  No Has your driver's license ever been suspended or revoked? If "yes" explain
13.  Yes  No Have you ever served in the armed forces? If yes, what branch? \_\_\_\_\_. Date entered \_\_\_\_\_ Date discharged \_\_\_\_\_
14.  Yes  No Are you applying for a position which requires a professional license, certificate, or registration, including operator's or chauffeur's license? If yes, under REMARKS on page five list the following information: ① type of license or certificate that you have; ② the license or certificate number; ③ where issued; ④ date of issue; and ⑤ expiration date.
15. N/A
16. N/A
17. If the City of Mattoon is able to offer you a position what is the soonest that you will be able to report for work? (For example, "After two weeks notice to current employer" or "Last day of August.")  
\_\_\_\_\_.
18. Not all positions require an ability to work shifts, on weekends, or during hours outside of the normal work day. Are you willing to work the following shifts or unusual hours if necessary?
- |   |  |
|---|--|
| a. <input type="checkbox"/> Yes <input type="checkbox"/> No Day shift   | b. <input type="checkbox"/> Yes <input type="checkbox"/> No Evening shift    |
| c. <input type="checkbox"/> Yes <input type="checkbox"/> No Night shift | d. <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating shift   |
| e. <input type="checkbox"/> Yes <input type="checkbox"/> No Part-time   | f. <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends         |
| g. <input type="checkbox"/> Yes <input type="checkbox"/> No Overtime    | h. <input type="checkbox"/> Yes <input type="checkbox"/> No Seasonal/Limited |

## WORK HISTORY

Please be complete. You can be credited only with the education and experience shown on this application and any supplementary form. Your training and employment experience will be used to determine whether you meet the entrance requirements for this position and to compute your rating of experience and training. Include military and volunteer experience that you believe may relate to the position for which you are applying.

Start with your present or most recent employment and list your employment history.  
If you held more than one job for the same employer, list each job as a separate period.

NOTE: This section of the application must be completed even though the applicant may elect to attach additional material such as resumes, vita, or addenda. An incomplete application may result in the application being rejected or delayed which could result in a lost job opportunity. Please check to ensure that each item has been completed.

19a Present or Most Recent	Job Title	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____
Started: _____ Mo. _____ Yr. Ended: _____ Mo. _____ Yr. Hours worked/week: _____	Name & Address of Employer	Reason for Leaving.
_____ _____ _____	Kind of Business	Name & Title of Supervisor:
Describe your duties and responsibilities in detail. (include equipment, materials, and tools used)		

19b Next Most Recent	Job Title	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____
Started: _____ Mo. _____ Yr. Ended: _____ Mo. _____ Yr. Hours worked/week: _____	Name & Address of Employer	Reason for Leaving.
_____ _____ _____	Kind of Business	Name & Title of Supervisor:
Describe your duties and responsibilities in detail. (include equipment, materials, and tools used)		

19c

Next Most Recent

Job Title	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Started: ____ Mo. ____ Yr. Ended: ____ Mo. ____ Yr. Hours worked/week: _____	Name & Address of Employer If yes, how many? _____
	Reason for Leaving.
	Name & Title of Supervisor:
Kind of Business	
Describe your duties and responsibilities in detail. (include equipment, materials, and tools used)	

19d

Next Most Recent

Job Title	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Started: ____ Mo. ____ Yr. Ended: ____ Mo. ____ Yr. Hours worked/week: _____	Name & Address of Employer If yes, how many? _____
	Reason for Leaving.
	Name & Title of Supervisor:
Kind of Business	
Describe your duties and responsibilities in detail. (include equipment, materials, and tools used)	

20.  Yes  No Have you ever been dismissed or forced to resign from any position other than as stated above? If yes, please explain

NOTE: Failure to include all information regarding dismissal or forced resignation will result in the rejection of your application.

If more space is required to adequately describe your experience, attach full sheets of paper and write on each sheet your name and the position title for which you are applying; use the same format as above.

**EDUCATIONAL & TRAINING HISTORY**

21. SCHOOL	NAME & LOCATION	MAJOR SUBJECTS	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

22. Please list any relevant areas of Training, Experience, or Talent such as; Carpentry, Plumbing, Electrical, Heavy Equipment Operation, Concrete/Masonry, Horticulture, Athletic Field Maintenance, or Landscaping.


**PERSONAL REFERENCES**

23. List below three personal references, who cannot be former employers or relatives

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

**Yes I understand that I must pass a test for controlled substances and if I fail the test any offer of employment whether oral or in writing will be void and I will be ineligible for City employment.**

24. **UNDERSTANDING AND AUTHORIZATION FOR RELEASE:** I understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. No one other than the City Administrator, or his authorized agent, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by the City Administrator, or his authorized agent. I authorize the City of Mattoon to make such investigations and inquiries as to my character, personal history, financial and credit record, and employment record as may be necessary in arriving at an employment decision. I hereby release employers, schools, law enforcement agencies, and persons from all liability for any damage whatsoever that may ensue from furnishing the same to the City of Mattoon.

25. **CERTIFICATE OF APPLICANT:** I certify that all answers and statements contained in this application are true to the best of my knowledge and belief. I understand that misstatements or omissions of material fact will subject me to disqualification or dismissal. I approve the above authorization for release.

26. I hereby authorize a comprehensive investigation into my background, including, but not limited to, all statements contained in this application and any other document or documents submitted in connection with this application. I permit the City of Mattoon to obtain any records, information and documents pertaining to my background and work experience. I also authorize my previous employers, the educational institutions that I have attended, any other organizations and individuals to disclose information about me on the subjects covered by this application form or related documents to this request. This authorization specifically gives the City the ability to obtain any alcohol or controlled substance test results or refusal to be tested for the preceding two (2) years. Any individual, education institution, organization, or business entity is hereby released from any and all liability for any damages that arise as a result of providing such information. I also agree to release the City of Mattoon from any and all liability arising from the use of the information obtained through the investigation of my background and any action taken by the City of Mattoon based on such information.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_