

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

The City of 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 and 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 this completed form to: barberd@mattoonillinois.org or place in the green water payment drop box at City Hall, 208 N 19th Street, Attn: Dean Barber

1. *What is the title of the position for which you are applying?* If applying for any position, put “Any”.

STREET DEPARTMENT LABORER

PERSONAL INFORMATION

2. LAST NAME FIRST MIDDLE

4. STREET ADDRESS CITY STATE ZIP

5. PHONE: HOME WORK

6. ELECTRONIC MAIL ADDRESS

THE ITEM BELOW IS REQUIRED FOR BACKGROUND CHECKS.

7. DRIVER’S LICENSE NUMBER

- 8. Yes No Have you ever been employed by us? If yes, be sure to list under employment history.
- 9. 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.

10. 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 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 20 miles distance during their municipal employment.
11. Yes No Are you a citizen of the United States? If not, you must be able to produce proof of having obtained permanent resident status.
12. Yes No Do you have a valid driver's license?
13. Yes No Has your driver's license ever been suspended or revoked? If "yes" explain in remarks section on page seven (p. 7).
14. Yes No Have you ever served in the armed forces? If yes, what branch? _____.
Date entered _____ Date discharged _____

15. If the City of Mattoon is able to offer you a position, what is the soonest date you will be able to report for work? For example, "After two weeks' notice to current employer" or "Last day of August."

16. 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 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.

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

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

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

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

21. Yes No Have you ever been dismissed or forced to resign from any position other than as stated above? If yes, please explain under the remarks section on page seven (p.7).

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 typewritten paper and include on each sheet your name and the position title for which you are applying; use the same format as above.

EDUCATIONAL & TRAINING HISTORY

22. 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	

23. Please list any areas of construction/mechanical proficiency such as; Heavy Equipment Operation, CDL, Carpentry, Concrete Finishing, Masonry, Asphalt, Landscaping, Mechanics, Electrical, and/or Plumbing.

PERSONAL REFERENCES

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

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

25. **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 you will be ineligible for City employment.**

26. 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.

27. 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.

28. 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 I have attended, and 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 arising 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: _____

Print Full Name: _____

Applicant: Please to not use this page, it is for City of Mattoon use.

Applicant: This page is provided for your convenience for any additional remarks.