City of Shawneetown Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions <u>must</u> be answered.

City of Shawneetown					Position applying for						
PERSONAL DATA											
Name (last, first, middle)											
Street Address and/or Mailin	SITION INFORMATION Check all that rs: Full Time Days Eveni you authorized to work in the U.S. on an unrestricted			City					te Zip		
Home Telephone Number			Business Telephone	Number		Cellular	Telephon	e Number	<u> </u>		
Date you can start work	Date you can start work			Salary Desired			Do you have a High School Diploma or GED? Yes □ No □				
POSITION INFORM	POSITION INFORMATION Check all that you are willing to work										
	Part Time Days			Swing Graveyar Weekend			Status		ar 🔲 orary 🗌		
Are you authorized to work i	in the U.S.	on an unrestricted	basis?				Yes No				
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) Yes No If yes, explain:											
Have you been told the esser Yes No	ntial functi	ons of the job or ha	ave you been viewed a	copy of the job	description lis	sting the ess	sential fun	ctions of the	job?		
Can you perform these essential functions of the job with or without reasonable accommodation? Yes \Boxed{\Boxes} No \Boxed{\Boxes}											
QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.											
		School Na	ume	Degree			Address/City/State				
School											
School											
Other											
SPECIAL SKILLS 1.	ist any spe	cial skills or experi	ence that you feel woul	ld help you in	the position tha	at you are a	pplying fo	r (leadership	, organizatio	ons/teams, etc.	
REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.											
Name			Address/City/State				Ph	none]	Relationship	

WORK HISTORY Start with your present or most recent employ	ment and work b	ack. Use separate sheet if necessary.	(INCLUDE PAID AND UNPAID POSITIONS)			
Job Title #1	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:	<u> </u>					
December 1 and a second		Canadian Calaria	Ending Colons			
Reason for Leaving		Starting Salary	Ending Salary			
May we contact your present employer?	Yes	No N/A				
Job Title #2	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:						
Passan for Laguing		Starting Salary	Ending Salary			
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #3	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:						
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #4	Start Date (mo/	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Na	ame	Phone Number			
City	State		Zip			
Duties:						
Reason for Leaving		Starting Salary	Ending Salary			
I certify that the facts set forth in this Application for Ememployed, false statements, omissions or misrepresentations may reset forth in this application and release the Employer from any liab I acknowledge and understand that the company is an "a employee) may resign at any time, just as the employer may terminor without notice to the other party.	esult in my disr fility. The emple t will" employe	missal. I authorize the Employer loyer may contact any listed refe r. Therefore, any employee (reg	to make an investigation of any of the facts rences on this application. ular, temporary, or other type of category			
Applicant Signature		Date				