

VILLAGE OF FORSYTH

301 S. Route 51
Forsyth, IL 62535

Phone: (217) 877-9445 / Fax: (217) 877-9863



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Date of Application: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Phone Number: _____ Driver's License Number: _____

EMPLOYMENT DESIRED

Position(s) Applied For: _____

How Did You Learn About Us?

Advertisement Employment Agency Friend Inquiry Relative

Other: _____

Date You Can Start: _____ Salary Desired: _____

Are You Employed Now: _____ If So, May We Contact Your Employer: _____

Do any of your friends or relatives, other than your spouse, work here? Yes No

If yes, state name, relationship, and position: _____

Are you available to work: Full Time Part Time Temporary

Can you travel if a job requires it? Yes No

Are you currently on temporary leave? Yes No

Are you subject to recall? Yes No

EDUCATION

School & Address:

Elementary School: _____

Graduated:

Yes No

GPA:

High School: _____

Yes No

College: _____

Yes No

Degree: _____

Trade, Business, or Correspondence School: _____

Yes No

Subjects of Special Study or Research Work: _____

WORK EXPERIENCE (List below last four employers, beginning with present or more recent.)

Employer: _____ Address: _____

Phone Number: _____ Contact Name: _____

Starting Position: _____ Starting Salary: _____ Starting Date: _____

Ending Position: _____ Ending Salary: _____ Ending Date: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Phone Number: _____ Contact Name: _____

Starting Position: _____ Starting Salary: _____ Starting Date: _____

Ending Position: _____ Ending Salary: _____ Ending Date: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Phone Number: _____ Contact Name: _____

Starting Position: _____ Starting Salary: _____ Starting Date: _____

Ending Position: _____ Ending Salary: _____ Ending Date: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Phone Number: _____ Contact Name: _____

Starting Position: _____ Starting Salary: _____ Starting Date: _____

Ending Position: _____ Ending Salary: _____ Ending Date: _____

Reason for Leaving: _____

Additional Information: (Summarize special job related skills and qualifications acquired by employment or other experience.)

PERSONAL/PROFESSIONAL REFERENCE

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

Name: _____ Phone Number: _____

Best Time to Call: _____ Occupation: _____

.....

Name: _____ Phone Number: _____

Best Time to Call: _____ Occupation: _____

.....

Name: _____ Phone Number: _____

Best Time to Call: _____ Occupation: _____

In Case of Emergency, Notify: _____
Name:

Address: _____ Phone Number: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notices.

Signature of Applicant

Date

