

2 West Harrison
 Sullivan, Illinois 61951
 217-728-4383
www.sullivanil.us

City of Sullivan

Application for Employment



Date of Application _____

Personal Information

Name _____
Last
First
Middle
Maiden/Alternate Names

Address _____
Street
City
State
Zip Code

Phone Number _____ Social Security Number _____

Are You a U.S. Citizen? Yes No If not, how are you legally authorized to work in the U.S.? _____

Are you at least 16 years of age? Yes No

Have you ever been convicted of any crime, other than a traffic violation? Yes No Date _____

Please describe conditions: _____

Employment Desired

Full Time Part Time Position _____

If hired, how many days after the position is offered are you able to start? _____

Are you able to perform the essential job functions without accommodation? Yes No

Reasonable accommodations needed _____

Have you previously worked for the City? Yes No Date _____ Department _____

Employment History

Please list your most recent employment first.

Start Date	End Date	Final Position Title	Final Salary	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Job Location	Last Supervisor's Name	
Position Description			Reason for Leaving	

Start Date	End Date	Final Position Title	Final Salary	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Job Location	Last Supervisor's Name	
Position Description			Reason for Leaving	

Employment History continued

Start Date	End Date	Final Position Title	Final Salary	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Job Location	Last Supervisor's Name	
Position Description			Reason for Leaving	

Do you have any other past employment related to this position? _____

Have you ever been discharged for any position? Yes No

Reasons for discharge _____

Education and Training

College or University	Years Completed	Field of Study	Degree or Diploma
Trade or Technical School	Years Completed	Field of Study	Degree or Diploma
High School	Years Completed	Field of Study	Degree or Diploma

Professional Licenses, Certifications or Registrations _____

Computer or Electronic equipment proficiencies _____

Additional work skills related to this position _____

References

Please list three persons, other than relatives or personal friends, who have knowledge of your work experience or education.

Name	Organization and Title	Phone Number

Authorization

I certify that the information provided in this application is accurate and complete. I hereby authorize the City of Sullivan to verify and investigate any and all information provided in this application and in my resume, if provided. I also authorize my current and former employers, educational institutions, references, and other persons referred to in this application to provide information to the City of Sullivan for employment-related purposes. I understand that misrepresentation or omission of facts called for in this form, or on any resume provided by me, is cause for rejection of my application or termination of employment without notice. I understand that this application does not contain or imply any promise that I will be hired by the City of Sullivan. I also understand that if I am hired all positions contain a probationary 6 month period.

Signature

Date

The City of Sullivan is committed to equal opportunity and is dedicated to a policy of nondiscrimination in employment based on race, color, age, sex, sexual orientation, disability or national origin.