



Application for Employment

City of Columbia
208 S. Rapp Ave.
Columbia, IL 62236
(618) 281-7144

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.

Date of Application: _____

Applicant Information

Position Applied For: _____

How did you learn about this position? _____

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment / Unit No.

City State Zip Code

Phone: _____ Best Time to Contact You: _____

Email Address: _____

Date Available: _____ Desired Salary: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES OR NO

Have you ever filed an application with us before? YES OR NO If YES, give date: _____

Have you ever been employed with us before? YES OR NO If YES, give dates: _____

Do any of your friends or relatives, other than your spouse, work for the city? YES OR NO

Are you currently employed? YES OR NO May we contact your present employer? YES OR NO

If hired, can you demonstrate eligibility to work? YES OR NO

Please note that proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full-Time (Please indicate 1 2 3 shift) Evenings)
 Part-Time (Please indicate Mornings Afternoons
 Temporary (Please indicate dates available _____ to _____)

Are you currently on "lay-off" status and subject to recall? YES OR NO

Can you travel (with the potential of overnight stays) if this position requires it? YES OR NO

Education

Elementary: _____

Address: _____

Did you graduate? YES OR NO

High School: _____

Address: _____

Did you graduate? YES OR NO

College: _____

Address: _____

Did you graduate? YES OR NO

Degree: _____

Graduate / Professional: _____

Address: _____

Did you graduate? YES OR NO

Degree: _____

Other: _____

Address: _____

Did you graduate? YES OR NO

Degree: _____

References

Please list three references other than previous employers or relatives.

Full Name: _____

Relationship: _____

Company: _____

Phone Number: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone Number: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone Number: _____

Address: _____

Previous Employment

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES OR NO

If permission is given above, please provide supervisor's contact number: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES OR NO

If permission is given above, please provide supervisor's contact number: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES OR NO

If permission is given above, please provide supervisor's contact number: _____

Additional employment information should be listed on a separate document.

Provide below any information regarding breaks in employment of greater than three months in the last five years.

Additional Information

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

Other qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

- Microsoft Office Software Copier / Printer Fax Machine Multi-Line Phone System
- Additional Software Programs:

Additional Office Equipment, Machinery or Tools Utilized in Prior Employment:

Please state any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES OR NO

Acknowledgement of Understanding and Consent

Please read thoroughly before signing.

It is understood that this application is not an obligation of employment. I hereby authorize the City of Columbia to investigate all references and former employment, and I release from liability those supplying such information. I understand that upon offer of employment, I may be required to take a drug test at the City of Columbia's expense. I realize that the offer of employment is contingent upon my test results being substance-free and satisfactory information being received from reference sources.

I will provide proof of my eligibility to work on the date of hire as required by "The Immigration Reform and Control Act of 1986."

I understand that the City of Columbia can make no guarantee as to the numbers of hours that I may be assigned from week to week, and any reduction in hours can affect my compensation and benefits. I also understand that I may be required to change days off and scheduled hours on a temporary or regular basis in order to continue my employment. Also, I understand that the City of Columbia reserves the right to transfer me to another position, as business necessitates, and my continued employment may be predicated upon my acceptance of said transfer. I understand that evenings and weekends may be a part of any schedule I may be assigned.

I understand that my employment is not governed by any written or oral contract and is considered an "at will" arrangement. I understand that I am free, as is the City of Columbia, to terminate employment at any time for any reason, so long as there is no violation of applicable Federal or State law unless modified by a collective bargaining agreement.

I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

I understand that if employed in a position governed by a collective bargaining agreement to which the City of Columbia is a party that once I am covered by that agreement its terms may supersede some of the statements in this acknowledge of understanding.

Signature: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES OR NO

Remarks:

Interviewer: _____

Date of Interview: _____

Employed: YES OR NO

Date of Employment: _____

Job Title: _____

Hourly Rate / Salary: _____

Department: _____

By: _____

Date: _____

Position(s) applied for is open YES OR NO

Position considered for: _____

Date: _____