City of Sandwich 144 East Railroad St Sandwich, IL 60548 (815)786-9321

EMPLOYMENT APPLICATION



Full Name:						Date	:
Address:	Last		First			M.I.	
	Street Address					Apartment/Unit #	
	City					State	ZIP Code
Home Phone:			Cell Ph	one: ()		E-Mail:	
Position Applied		11.0	*** 1 *			Desired Salary	\$
	present evidence of you al right to live and work			YES 🗆	NO	If hired, date available:	1 1
Have you ever w	orked for this company?	YES	NO				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	one or the company.						
				1			
Are you age 18 o		T					2
older?		YES	NO				
Do you have a v	valid Driver's License?			Classification (ci	rcle): A B	C D L M or C	DL
			Address:		With the last of t		
High School: Number of Years		YES	_ City/State	Degree			
completed:	Did you graduate?			received:	-		
College/ University:			Address: City/State	:			
Number of Ver-	Did you graduate? If	VEC	NO	Degree			
Number of Years completed:	no, give total Credit Hours:	YES	NO	Degree received:			
Other Education:			Address: City/State:				
Number of Years			ž.	Degree or			
completed:	Did you complete course of study?	YES	NO	Certificate received:			

ist any correspondence or special courses.	, seminars, workshops, etc. that you have attended that may relate to this position
ist any professional organizations that you	belong to that might relate to this position:
ist any licenses or certifications that you ho	old that may relate to this position:
ist any other skills/experience that you have	e that may relate to this position:
	Current / Previous Employment
Company:	Phone: ()
Address:	Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$
Responsibilities:	
From: To: May we contact your supervisor for a refere	YES NO
Company:	Phone: ()
Address:	
Job Title:	Starting Salary: \$ Ending Salary: \$
From: To: May we contact your supervisor for a refere	YES NO
Company:	Phone: ()
	Supervisor:
	Starting Salary: \$ Ending Salary: \$
From: To:	Reason for Leaving:
May we contact your supervisor for a refere	YES NO nce?

References

Please list three business/work references, <u>EXCLUDING</u> current City of Sandwich employees or elected officials.

Full Name:	Relationship:
Company:	Phone: ()
Address:	City, State, Zip:
Full Name:	Relationship:
Company:	Phone: ()
Address:	City, State, Zip:
Full Name:	Relationship:
Company:	Phone: ()
Address:	City, State, Zip:
	Disclaimer and Signature
I hereby certify that I have not kno	wingly withheld any information that might adversely affect my chances for employment and

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the City of Sandwich to thoroughly investigate my references, work record, and other matters related to my suitability for employment and further, I authorize my former employers to disclose to the City of Sandwich any and all letters, reports, and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the City of Sandwich, my former employers, and all other persons, corporations, partnerships, and associations, from any and all claims, demands, or liabilities arising out of or in anyway related to such investigation or disclosure.

I understand that any offer of employment is conditional upon the successful completion of a background check, drug screen, and physical examination.

I understand that nothing contained in this application or conveyed during my interview, which I may be granted, is intended to create an employment contract between the City of Sandwich and myself. In addition, I understand and agree that, if I am employed, I must serve a probationary period, during which I may be terminated at any time with or without prior notice, at the option of the City of Sandwich or myself. Furthermore, no promises or representation contrary to the foregoing are binding on the City of Sandwich unless made in writing and signed by the City of Sandwich and myself.

Signature:	Date:	

IT IS THE POLICY OF THE CITY OF SANDWICH TO PROVIDE EMPLOYMENT, TRAINING, COMPENSATION, PROMOTIONS, AND OTHER CONDITIONS OF EMPLOYMENT WITHOUT REGARDS TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE OR DISABILITY, EXCEPT WHERE AGE, SEX, OR PHYSICAL STANDARDS ARE APPLICABLE BONA FIDE OCCUPATIONAL REQUIREMENTS.

Back-ground Authorization

First Name	Middle Initial	Last Name		
Gender	Date of Birth	Place of Birth		
Address:				
Do you have any criminal record of arrests/convictions: Yes No If yes, briefly explain nature:				
I hereby give permission for the City of Sandwich, or designee to check on this information and complete a background check:				
Signed:	Date	:		