

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, gender, religion, sexual preference, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date: _____

Name: _____
First
Middle Initial
Last

Home Address: _____
Street
City
State
Zip

Phone Number (include area code): _____

Driver's License: _____
Number
State
Expiration Date

Referred by: _____ Are you 16 years of age or older? Yes No

EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired

Are you currently employed? Yes No If yes, may we contact current employer? Yes No

EDUCATION

	Name of School Location of School	Highest grade achieved	Did you graduate?	Subjects Studied and Degree (s) Received
High School		1 2 3 4		
College/University				
Trade, Business or Correspondence School				

GENERAL

Subjects of special study, research work, on the job training, and other employment skills (typing, proficiency with software package, etc).

EMPLOYMENT HISTORY:

Please list your last four employers **starting with the last first**

	Name, address and contact phone number	Salary upon leaving	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES:

Please list below three people not related to you, whom you have known for at least one year.

Name	Phone Number	Position	Relation

If you are to be hired by the City of Rock Falls, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when it is discovered by the City of Rock Falls.

I understand that any employment is conditioned on a background check. I authorize the City of Rock Falls to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the City of Rock Falls, without giving me prior notice of such disclosure. In addition, I release the City of Rock Falls, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the City of Rock Falls. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Rock Falls unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the City of Rock Falls as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the City of Rock Falls the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the City of Rock Falls' Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the City of Rock Falls to hire. If hired, I agree to abide by all City of Rock Falls work rules, policies and procedures. The City of Rock Falls retains the right to revise its policies or procedures, in whole or in part, at any time.

Date:

Signature:
