



APPLICATION FOR EMPLOYMENT

Please return to:: 333 E First Street Genoa, IL 60135

We welcome you as an applicant for employment. Your application City of Genoa to provide equal opportunity in employment to all persons. This policy prohibits discrimination because or race, color, religion, national origin, political affiliation, marital status, physical or mental handicap, sex, age or other protected categories, in all aspects of our personnel policies, programs, practices and operations. This policy applies to all phases of City employment.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the City of Genoa. Please furnish us with complete information as outlined in this application. Incomplete applications may not be considered. Applications are considered active for 90 days. You are encouraged to attach a resume or any additional information that you believe qualifies you for the position for which you are applying. Please use typewriter or ink.

PLEASE TYPE OR PRINT IN INK

POSITION APPLIED FOR	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL	DATE AVAILABLE
		MIN. SALARY DESIRED \$ _____ PER _____

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	
PRESENT PERMANENT ADDRESS			CITY/CITY	COUNTY	STATE ZIP
HOME TELEPHONE NO. ()	E-MAIL ADDRESS				
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?		<input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU AT LEAST 18 YEARS OF AGE?	
DO YOU HAVE THE APPROPRIATE AND VALID LICENSES FOR THE POSITION FOR WHICH YOU ARE APPLYING?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DID YOU HEAR ABOUT THE POSITION THAT YOU ARE APPLYING FOR (i.e. News Paper, Radio, College, Organization)?					

EDUCATIONAL INFORMATION

CIRCLE HIGHEST GRADE COMPLETED – GRADE SCHOOL 12345678 HIGH SCHOOL 9 10 11 12 COLLEGE 13 14 15 16 POST GRADUATE 1 2 MA PHD					
NAME & LOCATION OF LAST HIGH SCHOOL			DIPLOMA OR DEGREE	HAVE YOU PASSED THE GED TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE SCHOOL	NAME & LOCATION OF SCHOOL		NO. OF CREDITS	DEGREE	MAJOR
COLLEGE/ UNIVERSITY					
COLLEGE/ UNIVERSITY					
GRADUATE					
TECHNICAL					
OTHER					
LIST ANY CORRESPONDENCE OR SPECIAL COURSES, SKILLS, SEMINARS, WORKSHOPS, TRAINING SESSIONS, LICENSES OR CERTIFICATES RELATING TO THIS POSITION					

PREVIOUS EMPLOYMENT

PLEASE LIST EMPLOYERS BEGINNING WITH YOU **PRESENT OR MOST RECENT EMPLOYMENT**. (Attach an additional sheet of paper if necessary.)
IT IS IMPORTANT TO BE COMPLETE. YOU ARE ENCOURAGED TO SUBMIT A PERSONAL RESUME IN ADDITION TO THIS APPLICATION.

1	EMPLOYER	MAILING ADDRESS	CITY/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES FROM TO		LAST SALARY \$ PER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	REASON FOR LEAVING

2	EMPLOYER	MAILING ADDRESS	CITY/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES FROM TO		LAST SALARY \$ PER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	REASON FOR LEAVING

3	EMPLOYER	MAILING ADDRESS	CITY/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES FROM TO		LAST SALARY \$ PER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	REASON FOR LEAVING

4	EMPLOYER	MAILING ADDRESS	CITY/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES FROM TO		LAST SALARY \$ PER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	REASON FOR LEAVING

MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO PLEASE EXPLAIN:

CONVICTION INFORMATION

THE CITY OF GENOA WILL NOT AUTOMATICALLY REJECT AN APPLICANT WHO HAS BEEN CONVICTED.
** Please note, that as an applicant you are not required to disclose sealed or expunged records of convictions or arrests.

HAVE YOU EVER BEEN CONVICTED AS AN ADULT OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF SO, DATE AND PLACE	NATURE OF OFFENSE	DISPOSITION
IF SO, DATE AND PLACE	NATURE OF OFFENSE	DISPOSITION

NOTICE TO APPLICANTS (PLEASE READ BEFORE RETURNING THE APPLICATION)

I UNDERSTAND AND AGREE THAT ALL INFORMATION FURNISHED IN THIS APPLICATION MAY BE VERIFIED BY THE CITY OF GENOA OR ITS AUTHORIZED REPRESENTATIVE. I WAIVE ANY RIGHT I MAY HAVE TO RECEIVE NOTIFICATION FROM ANY INDIVIDUALS AND ORGANIZATIONS NAMED OR REFERRED TO IN THIS APPLICATION PRIOR TO THE RELEASE OF ANY EMPLOYMENT INFORMATION TO THE CITY OF GENOA. I HEREBY AUTHORIZE ALL INDIVIDUALS IN ORGANIZATIONS NAMED OR REFERRED TO IN THIS APPLICATION AND ANY LAW ENFORCEMENT ORGANIZATION, TO GIVE THE CITY ALL INFORMATION RELATIVE TO SUCH VERIFICATION AND HEREBY RELEASE SUCH INDIVIDUALS, ORGANIZATIONS, AND THE CITY OF GENOA FROM ANY AND ALL LIABILITY FOR ANY CLAIM OR DAMAGE RESULTING FROM THIS VERIFICATION PROCESS.

I CERTIFY THAT ALL FACTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSION OR MISREPRESENTATION OF FACTS MAY RESULT IN A REJECTION OF THIS APPLICATION, OR DISMISSAL FROM EMPLOYMENT IF SUBSEQUENTLY DISCOVERED. I UNDERSTAND AND AGREE THAT IF SELECTED AS AN EMPLOYEE, MY EMPLOYMENT WITH THE CITY OF GENOA AND COMPENSATION CAN BE TERMINATED AT ANY TIME WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE AT THE OPTION OF EITHER THE CITY OR MYSELF (EXCEPT FOR EMPLOYEES SUBJECT TO A COLLECTIVE BARGAINING AGREEMENT). I FURTHER UNDERSTAND THAT NO DOCUMENT, INCLUDING BUT NOT LIMITED TO, THIS APPLICATION FOR EMPLOYMENT, A POLICY OR PROCEDURE MANUAL, OR A HANDBOOK, REPRESENTS AN EMPLOYMENT CONTRACT (EXCEPT FOR A COLLECTIVE BARGAINING AGREEMENT).

SIGNATURE

DATE