



CITY OF DECATUR, ILLINOIS APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Human Resources • #1 Gary K. Anderson Plaza • Decatur, Illinois 62523-1196 • Telephone 217-424-2805 • www.decaturl.gov

PLEASE PRINT OR TYPE		Position Desired _____			Date _____
Last Name _____		First Name _____		Middle Initial _____	Social Security Number _____
Street Address _____		City _____	State _____	Zip Code _____	Daytime Telephone () - _____
E-mail Address _____				Alternate Contact Telephone ** () - _____	
** Alternate contact telephone number MUST be different from your daytime telephone number.					
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If not, do you have a legal right to live and work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you filed a declaration of intent to become a citizen of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO		Class _____ License Number _____ State _____			
Do you have any restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, explain _____			
Has your license ever been suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, explain _____			
Are you a veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO		Branch of Service _____		Rank _____	Type of Discharge _____
Date of Entry _____		Date of Discharge _____		Are you a member of the Active Reserve? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Type of Military Training _____					
Are you presently employed by the City of Decatur? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been employed by the City of Decatur? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, where and when? _____	

EDUCATION

	Name and Address of School	Course of Study Diploma or Degree	Circle Last Grade Completed				Did You Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
			1	2	3	4	
High School	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	_____		Last Year Attended: _____				
College	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	_____		Last Year Attended: _____				
Other (Specify)	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	_____		Last Year Attended: _____				

G.E.D. Did you receive certificate? YES NO

SUMMARY OF OTHER TRAINING, SPECIAL SKILLS, EQUIPMENT YOU CAN OPERATE, SPECIAL LICENSES, ETC. _____

Begin with your present and most recent job and list fully and accurately the details of each position.

Employer Name & Address _____
 Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____
 Starting Salary _____ Ending Salary _____ Reason for Leaving _____
 Description of Duties _____

Did you supervise employees? _____ If yes, how many? _____
 Name & Title of your immediate supervisor _____
May We Contact This Employer? YES NO Telephone Number _____

Employer Name & Address _____
 Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____
 Starting Salary _____ Ending Salary _____ Reason for Leaving _____
 Description of Duties _____

Did you supervise employees? _____ If yes, how many? _____
 Name & Title of your immediate supervisor _____
May We Contact This Employer? YES NO Telephone Number _____

Employer Name & Address _____
 Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____
 Starting Salary _____ Ending Salary _____ Reason for Leaving _____
 Description of Duties _____

Did you supervise employees? _____ If yes, how many? _____
 Name & Title of your immediate supervisor _____
May We Contact This Employer? YES NO Telephone Number _____

CHARACTER REFERENCES

List three persons other than former employers or relatives who would have knowledge of your qualifications for the position for which you are applying.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

BEFORE SIGNING THE APPLICATION, CHECK FOR ERRORS OR OMISSIONS

CERTIFICATE OF APPLICANT: I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any misrepresentations or omissions of material fact herein subjects me to disqualification or dismissal. I further understand that my classification as an employee depends upon successfully performing assigned work during a probationary period, where applicable.

I understand that my application will be processed in a confidential manner. I authorize release of any records pertaining to my education, employment, police, and/or personal references to the City of Decatur.

_____ Date _____ Signature of Applicant _____