

APPLICATION FOR EMPLOYMENT

Village of Port Byron
120-South Main
Port Byron, Illinois 61275
309-523-3705

INSTRUCTIONS: Complete all applicable information. Applicants may provide additional information on another form. This application will be kept on file for twelve months and considered for all open positions during that period. Be sure to sign and date the application. PLEASE PRINT USING BLUE OR BLACK INK

The Village of Port Byron is an equal opportunity employer. All decisions concerning job application procedures, employment, advancement, discharge, compensation, training, and other terms, conditions, and privileges of employment are made without regard to race, color, sex, religion, ancestry, age, national origin, protected disability, or veteran status.

Date _____

Name (Last, First) _____

Street Address _____ City _____ State _____

Home Phone _____ Work Number _____ May We Call? _____

Social Security Number _____ Drivers License Number _____ State _____

What Position are you applying for? _____

Please list any skills you possess related to the position. _____

Please list any licenses, certificates or awards you possess related to the position. _____

If selected for employment, on what date would you be available for work? _____

Circle Proper Answer

Are you 18 years of age or older? Yes No
Are you legally eligible to work in the United States? Yes No
Have you ever pleaded guilty or been convicted of a crime other than a summary offense? Yes No

If yes, please describe. _____

Can you, with or without reasonable accommodations, perform the essential functions for the position(s) for which you are applying? Yes No

If not, please list the reasons _____

EDUCATION

Level	Name and location of school	Number of years attended	Did you graduate?	Major/Degree
High School				
College				
Trade, Business, or Correspondence School				
Other Formal Training or Certification				

EMPLOYMENT HISTORY

List last employer first. Include US military service. Do not leave any information blank.

Start Date Month Year	Employer Name	Position Held	Reason for Leaving
End Date Month Year	Address		
Final/Current Salary	City/State	Supervisor's Name	
	Phone Number		
Start Date Month Year	Employer Name	Position Held	Reason for Leaving
End Date Month Year	Address		
Final Salary	City/State	Supervisor's Name	
	Phone Number		
Start Date Month Year	Employer Name	Position Held	Reason for Leaving
End Date Month Year	Address		
Final Salary	City/State	Supervisor's Name	
	Phone Number		

REFERENCES

List three persons not related to you, whom you have known for at least one year.

Name	Business	City & Phone Number	Years Acquainted

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

Signature _____ Date _____