

EMPLOYMENT APPLICATION
City of Kewanee

Received: _____
Date: _____
Time: _____
Clerk: _____

GENERAL INSTRUCTIONS

- A. You may request any needed accommodation to participate in this application process, for example, an accommodation for a test, a job interview, or a job demonstration.
- B. Carefully review the information about the position to ensure that you meet the necessary qualifications for the position.
- C. The information entered on this form must be printed clearly or typewritten.
- D. A separate application must be submitted for each position.
- E. It is your responsibility to keep your name and address current.
- F. **CAUTION:** Give complete and concise answers to all questions. You can be credited only with the education and experience shown on this application and any required supplementary form. You must be able to substantiate all statements made on this form. Truthful answers to questions contained on this form are considered a condition of employment (if falsehoods are discovered on this form it may lead to termination).
- G. Return the completed form to: Personnel Officer, City Hall, 401 W. Third Street, Kewanee, IL 61443-2365.

1. What position of employment are you applying for?

PERSONAL INFORMATION			
2a. LAST NAME	2b. FIRST	2c. MIDDLE	
3a. STREET ADDRESS	3b. CITY	3c. STATE	3d. ZIP
4a. HOME PHONE	4b. WORK PHONE	4c. EMAIL	
5. DATE OF BIRTH:			

6. Yes No Have you ever been employed by the City of Kewanee? If yes, please be sure to list under work history.

7. Yes No Have you ever been enrolled in an educational institution or employed under any other name, such as a prior legal name or maiden name? If yes, please give the name(s) you used.

NAMES:	
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8. Yes No Are you a current resident of the City of Kewanee? Unless specifically waived by the City Manager, all positions require residence in the City of Kewanee. Kewanee residency is considered a condition of employment and failure to comply may lead to termination.

9. Yes No Are you a United States citizen?

10. Yes No Have you ever served in the United States armed forces? If yes, complete the following:

Branch of Service:	Enter Date:	Discharge Date:	Discharge Type:

11. Yes No With the exception of actions that have been annulled, expunged, or sealed by a court, have you ever been convicted, found guilty, or pleaded guilty to a crime in criminal, civil, or military court?

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12. Yes No Have you ever been fined, placed on probation, or forfeited collateral for breach or violation of any law, ordinance, police, or traffic regulation, including moving and equipment violations?
13. Yes No Do you now have any charges pending against you?

"Yes" answers to questions 11., 12., or 13. above must be explained in detail in the area below:

Date, Court & Location:	Nature of Offense or Violation:	Disposition of Case and Penalty/Fines imposed:

14. Yes No Are you applying for a position which requires a professional license, certificate, or registration, including operator's or chauffeur's license? If "Yes", list the requested information below:

License/Certificate Type:	License/Cert. Number:	Where Issued:	Date Issued:	Date Expires:

15. Yes No Do you have any friends or relatives working for the City of Kewanee? If "Yes", please list below.

NAMES:	
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16. Yes No Have you ever declared bankruptcy or are you now in any type of bankruptcy proceedings? If yes, please explain below.

Bankruptcy Proceedings:	

17. Yes No Have you ever had your wages garnished or are there proceedings now underway that may result in your wages being garnished? If yes, please explain below.

Garnishment Orders:	

18. This question pertains to the description of the position that you are applying for. You can not answer the following questions unless you understand the position description. If you need assistance in understanding the position description, please request assistance from the Personnel Officer or a member of the staff.

- 18a. Yes No Are you able to perform the functions of the position that are listed under the title of "Essential Functions" without an accommodation? If yes, skip to question 19.

- 18b. Yes No Can you perform the "Essential Functions" with an accommodation? If yes, please explain in the space provided below, how you would perform each particular "Essential Function", and with what accommodation.

Accommodations:	

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19. If the City of Kewanee is able to offer you a position, what is the soonest that you will be able to report to work? (For example, "After 2 weeks notice to current employer", or "last day of August".)

When Available:	
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20. Not all positions require an ability to work shifts on weekends or during hours outside of the normal work day. Are you willing to work the following shifts or unusual hours if necessary?

- | | | | |
|---|-------------|---|------------------|
| 20a. <input type="checkbox"/> Yes <input type="checkbox"/> No | Dayshift | 20e. <input type="checkbox"/> Yes <input type="checkbox"/> No | Evening Shift |
| 20b. <input type="checkbox"/> Yes <input type="checkbox"/> No | Night Shift | 20f. <input type="checkbox"/> Yes <input type="checkbox"/> No | Rotating Shift |
| 20c. <input type="checkbox"/> Yes <input type="checkbox"/> No | Part-time | 20g. <input type="checkbox"/> Yes <input type="checkbox"/> No | Weekends |
| 20d. <input type="checkbox"/> Yes <input type="checkbox"/> No | Overtime | 20h. <input type="checkbox"/> Yes <input type="checkbox"/> No | Seasonal/Limited |

WORK HISTORY

- Please be complete. You can be credited only with the education and experience shown on this application and any supplementary form. Your training and employment experience will be used to determine whether you meet the entrance requirements for this position and to compute your rating of experience and training. Include military and volunteer experience that you believe may relate to the position for which you are applying.
- Start with your present or most recent employment and list your employment history.
- If you held more than one job for the same employer, list each job as a separate period.
- NOTE: This section of the application must be completed even though the applicant may elect to attach additional material such as resumes, vita, or addenda. An incomplete application may result in the application being rejected or delayed which could result in a lost job opportunity.

21a. Present or Most Recent

	Job Title:	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? ____
Started: ____ Mo. ____ Yr. Ended: ____ Mo. ____ Yr. Hours worked/week: ____	Name and Address of Employer:	Reason For Leaving:
Salary: Starting: \$/hr. ____ Ending: \$/hr. ____	Kind of Business:	Name & Title of Supervisor:
Describe your duties and responsibilities in detail. (Include equipment, materials and tools used.)		

21b. Next Most Recent

	Job Title:	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? ____
Started: ____ Mo. ____ Yr. Ended: ____ Mo. ____ Yr. Hours worked/week: ____	Name and Address of Employer:	Reason For Leaving:
Salary: Starting: \$/hr. ____ Ending: \$/hr. ____	Kind of Business:	Name & Title of Supervisor:

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21b. Next Most Recent (con't.)

Describe your duties and responsibilities in detail. (Include equipment, materials and tools used.)

21c. Next Most Recent

	Job Title:	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? _____
Started: ____ Mo. ____ Yr. Ended: ____ Mo. ____ Yr. Hours worked/week: _____	Name and Address of Employer:	Reason For Leaving:
Salary: Starting: \$/hr. _____ Ending: \$/hr. _____	Kind of Business:	Name & Title of Supervisor:
Describe your duties and responsibilities in detail. (Include equipment, materials and tools used.)		

21d. Next Most Recent

	Job Title:	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? _____
Started: ____ Mo. ____ Yr. Ended: ____ Mo. ____ Yr. Hours worked/week: _____	Name and Address of Employer:	Reason For Leaving:
Salary: Starting: \$/hr. _____ Ending: \$/hr. _____	Kind of Business:	Name & Title of Supervisor:
Describe your duties and responsibilities in detail. (Include equipment, materials and tools used.)		

22. Yes No Have you ever been dismissed or forced to resign from any position other than as stated above? If yes, please explain in the space provided below. Note: Failure to include all information regarding dismissal or forced resignation will result in the rejection of your application. If more space is required to adequately describe your experience, attach full sheets of paper and write on each sheet your name and the position title for which you are applying; use the same format as above.

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EDUCATIONAL AND TRAINING HISTORY

23. Schooling

SCHOOL	NAME & LOCATION	MAJOR SUBJECTS	DID YOU GRADUATE	LIST DEGREE OR DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES

24. List below three personal references, which cannot be former employers or relatives.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

25. UNDERSTANDING AND AUTHORIZATION FOR RELEASE: I understand that this application is not and is not intended to be a contract of employment. , Nor does this application obligate the employer in any way if the employer decides to employ me. No one other than the City Manager, or his authorized agent, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by the City Manager, or his authorized agent. I authorize the City of Kewanee to make such investigations and inquiries as to my character, personal history, financial and credit record, employment record, and conviction record as may be necessary in arriving at an employment decision. I hereby release employers, schools, law enforcement agencies, and persons from all liability for any damages whatsoever that may ensue from furnishing the same to the City of Kewanee.

26. CERTIFICATE OF APPLICANT: I certify that all answers and statements contained in this application are true to the best of my knowledge and belief. I understand that misstatements or omissions of material fact will subject me to disqualification or dismissal. I approve the above authorization for release.

Date:	
Signature:	

(Applications not signed will not be accepted)