

CITY OF MINONK
City Hall
670 N. Chestnut Street
Minonk, Illinois 61760
(309) 432-2558

EMPLOYMENT APPLICATION

**(NOTE: This document and its contents are Confidential,
as required by the Illinois Freedom of Information Act)**

INSTRUCTIONS:

Please print neatly.

An incomplete or inaccurate application may result in a lost employment opportunity.

Be honest and truthful in responding to all items and questions.

Attach additional information as needed.

Full Legal Name: First Name, Middle Name, Last Name, Suffix, Maiden Name (If applicable):

Home Address: Street, City, County, State, Zip Code

Home or Work Telephone:

Cell Telephone:

Valid Driver's License: Yes (☐) No (☐) License Number _____ State _____

Expires _____ Has driver's license ever been revoked or suspended? Yes (☐) No (☐)

If yes, explain why:

EQUAL OPPORTUNITY EMPLOYER

The City of Minonk is an equal opportunity employer and complies with all State and Federal laws prohibiting illegal discrimination.

EMPLOYMENT HISTORY

List your last four (4) employers or go back at least ten (10) years of employment history, whichever is greater. Start with your current or most recent employer. Attach a copy of your DD-214 if you have been in the military. Attach extra sheets if necessary.

Have you ever been discharged or terminated from employment? Yes () No ()

If yes, explain:

Current/Most recent employer name, mailing address, telephone number:

From: _____ To: _____ Supervisor's Name: _____ Title: _____

Duties: _____

Reason for leaving: _____

May we call your current Employer? Yes () No ()

Employer name, mailing address, telephone number:

From: _____ To: _____ Supervisor's Name: _____ Title: _____

Duties: _____

Reason for leaving: _____

Employer name, mailing address, telephone number:

From: _____ To: _____ Supervisor's Name: _____ Title: _____

Duties: _____

Reason for leaving: _____

Employer name, mailing address, telephone number:

From: _____ To: _____ Supervisor's Name: _____ Title: _____

Duties: _____

Reason for leaving: _____

Are you related to any employee of the City of Minonk? Yes () No ()

If yes, state their name and relationship to you: _____

EDUCATION AND TRAINING

Circle the highest grade completed:

Grade/Middle School								High School				College				Graduate		Postgraduate		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	B.S.	B.A.	M.A.	M.S.	Ph.D.

Are you a High School Graduate? Yes () No ()

If not, did you obtain a G.E.D.? Yes () No ()

Name and Admissions telephone # of College/Technical Schools attended:

_____ Major _____ Degree/Certificate earned? Yes () No ()

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_____ Major _____ Degree/Certificate earned? Yes () No ()

ADDITIONAL RELEVANT INFORMATION

Describe other skills or qualifications you feel are job-related assets:

LEGAL QUESTIONS

Have you ever been convicted of any of the following legal offenses as an adult:

Either a misdemeanor or felony? Yes () No ()

Have you ever been placed under court supervision? Yes () No ()

Reckless driving? Yes () No ()

Driving under the influence of alcohol or drugs? Yes () No ()

Illegally used controlled substances as defined under Illinois law? Yes () No ()

Have you been convicted of cannabis possession of more than 30 grams? Yes () No ()

Explain any "yes" answers:

NOTE: A criminal record will be considered as it relates to the job in question based on current Federal and State law. Applicants are not obligated to disclose any sealed or expunged records of conviction, adjudication, or arrest.

PROFESSIONAL REFERENCES
(Exclude Relatives and Friends)

Name, Relationship, Firm, and Telephone Number

Name, Relationship, Firm, and Telephone Number

Name, Relationship, Firm, and Telephone Number

Name, Relationship, Firm, and Telephone Number

REFERENCE RELEASE OF LIABILITY

I, (Print Full Legal Name) _____,
respectfully request that you forward to the City of Minonk, Illinois, any and all information that you have concerning me, my work record, or my reputation. This includes any information that may appear in my personnel file, criminal conviction records, or other confidential files or records. This information will be used to determine my qualifications and fitness for the position I am seeking with the City of Minonk.

I hereby release you and/or your employer from any liability and/or damage of whatever nature due to the furnishing of such information requested above. A copy of this release is as valid as the original signed Reference Release of Liability even though the copy does not have my original signature.

Printed Full Legal Name

Legible Signature

Date

Street Address

City

State

Zip Code

APPLICATION CERTIFICATION

I hereby certify that all answers to the above questions are true, and I agree and understand that any false statements contained in this application may cause rejection of this application or termination of employment and shall constitute gross misconduct for benefit eligibility. I understand that an incomplete application may also disqualify me from the position applied for.

I understand that I will have to provide acceptable documentation attesting that I am a U.S. citizen or legal alien eligible to work in the United States. I also understand that I will not be appointed as an employee for the City of Minonk, until I have successfully completed the selection process, including a probationary period.

If Applicable: I authorize the City of Minonk to contact my current (unless I have chosen to exclude current employer) and past employers, schools, and professional references listed above to verify employment, work records, education, and suitability for employment with the City of Minonk, and to investigate personal, criminal or other areas, such as personal contact with neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and lifestyle. I understand that my employment with the City of Minonk may be subject to satisfactorily completing pre-employment fitness for duty tests, medical exams -- including drug and alcohol screens, and the truthfulness of the statements in the application may be verified by a polygraph examination. All pre-employment medical exams will be administered by a medical facility designated by the City of Minonk.

I understand that this application is not a contract of employment. I understand that any oral or written statements to the contrary are disavowed and should not be relied upon by any prospective or existing employee.

Print Full Legal Name: _____

Legible Signature of Full Legal Name: _____

Date: _____