



101 WEST JACKSON ST.  
VIRDEN, ILLINOIS 62690

PHONE (217) 965-5805 – FAX (217) 965-3577

# City of Virden Employment Application

Date: \_\_\_\_\_

## 1. Personal Information

|                         |                              |                             |                         |                              |  |
|-------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|--|
| Name:                   |                              |                             |                         |                              |  |
| Street Address:         |                              |                             | Phone Number:           |                              |  |
| City:                   |                              |                             | 18 or Older?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| Email Address:          |                              |                             | Served in the military? | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| Driver's License Number |                              |                             | Class:                  | Currently Valid?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Convicted of a Felony?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please explain: |                              |  |

## 2. Position

|  |                              |                             |   |  |
|--|------------------------------|-----------------------------|---|--|
| What position are you applying?  |                              |                             |   |  |
| Date available to start?   |                              |                             |   |  |
| How did you hear about the job opening?  |                              |                             |   |  |
| Have you ever worked under a different name?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, list name:  |  |
| Is there any reason you would not be able to perform any of the tasks for which you are applying?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please describe:  |  |
| Are there any hours or days you would not be able to work?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please specify:<br><input type="checkbox"/> Overtime <input type="checkbox"/> Weekends <input type="checkbox"/> Other |  |
| Is there any reason you would be unable or unwilling to report to work on time, every day on a consistent basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please describe:  |  |

## 3. Education

| School Name   | Location | Years Attended | Graduated?                   |                             |
|---|----------|----------------|------------------------------|-----------------------------|
|   |          |                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   |          |                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   |          |                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Applicable Training:                              |          |                |                              |                             |
| List any skills you feel qualify you for this position: |          |                |                              |                             |

| 4. Employment History |         |  |            |          |
|-----------------------|---------|--|------------|----------|
| Employer Name         | Address | Position   | Start Date | End Date |
|                       |         |  |            |          |
| Supervisors Name      | Phone   | May We Contact?  | Start Pay  | End Pay  |
|                       |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |          |
| Job Duties:           |         |  |            |          |
| Reason for Leaving:   |         |  |            |          |
| Employer Name         | Address | Position   | Start Date | End Date |
|                       |         |  |            |          |
| Supervisors Name      | Phone   | May We Contact?  | Start Pay  | End Pay  |
|                       |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |          |
| Job Duties:           |         |  |            |          |
| Reason for Leaving:   |         |  |            |          |
| Employer Name         | Address | Position   | Start Date | End Date |
|                       |         |  |            |          |
| Supervisors Name      | Phone   | May We Contact?  | Start Pay  | End Pay  |
|                       |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |          |
| Job Duties:           |         |  |            |          |
| Reason for Leaving:   |         |  |            |          |

| 5. References (not relatives or employers) |  |          |  |
|--|--|----------|--|
| Name:                                      |  | Name:    |  |
| Address:                                   |  | Address: |  |
| Phone:                                     |  | Phone:   |  |

The City of Virden may conduct investigations, including verification of prior employment history, criminal and driving records, and education. By signing this application, you authorize the City of Virden or its representative to make these investigations and you may indicate your awareness that false statements or failure to disclose information may be sufficient to disqualify you for employment, or if employed, may result in your dismissal.

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|-------------------|--------------|

The City of Virden is an Equal Opportunity Employer.