

**CITY OF PITTSFIELD**  
**215 NORTH MONROE STREET**  
**PITTSFIELD, IL 62363**  
**PHONE: 217-285-4484**  
**FAX: 217-285-4485**

**EMPLOYMENT APPLICATION**

- It is the policy of the City of Pittsfield to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age or disability.
- **IMPORTANT NOTICE:** Because your ability to complete this document as requested will be evaluated and used as one basis for employment decisions, it is essential that you read and clearly understand the instructions which accompany this form. Any unanswered questions or incomplete/omitted answers may result in rejection of your application. Additionally, any false statements and/or deliberately evasive answers will be grounds for rejection of this application or your dismissal at a later date.

PLEASE CHECK THE DEPARTMENT(S) FOR WHICH YOU ARE SUBMITTING AN APPLICATION:

	City Clerk's Office		Gas & Water Dept.
	Police Department		Water Plant
	Street & Alley Department		Airport
	Summer Help		Any available

NAME

(Last)	(First)	(Middle Initial)	(Maiden Name)

CURRENT ADDRESS

(Street Address)		
(City)	(State)	(Zip)

IF YOU HAVE LIVED AT CURRENT ADDRESS LESS THAN 12 MONTHS, LIST PREVIOUS ADDRESS:

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone (include area code) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you legally authorized to accept employment in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Proof of citizenship or immigration status will be required upon employment.)

If employed and you are under 18, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have adequate means of transportation to get to work on time each day and when called to work on short notice? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid Illinois driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Illinois Driver's License number: \_\_\_\_\_

Do you have a valid driver's license from another state? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list state & driver's license #: \_\_\_\_\_

Have your driver's license ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give the reason and date: \_\_\_\_\_

Have you ever received court supervision or been found guilty of, or plead guilty to any offense, including traffic charges, but excluding parking tickets? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give date and detail of each court supervision or conviction. (A court supervision or conviction record does not automatically disqualify a person from employment. The nature of the crime will be considered in relation to the position for which you are applying.)

Have you served in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, state the type of military discharge received. (A less than honorable discharge will be considered in relation to the position for which you are applying.)

Have you ever used illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

**ANSWER QUESTIONS IN THIS BOX ONLY IF YOU ARE APPLYING FOR A POLICE OFFICER POSITION:**

Are you 21 or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever applied for a job with another law enforcement agency? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, state agency name(s) and date(s) applied: \_\_\_\_\_

Date you can begin work \_\_\_\_\_  
Number of days notice you intend to give your current employer: \_\_\_\_\_

Can you work various shifts? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you work overtime whenever scheduled or requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you work weekends whenever scheduled or requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

Special skills you possess (Electrical, Mechanical, Clerical or Technical): \_\_\_\_\_

**ALL APPLICANTS PLEASE COMPLETE THIS SECTION:**

Typing/Keyboarding Experience \_\_\_\_\_ Yes \_\_\_\_\_ No Approximate WPM \_\_\_\_\_

Shorthand Experience: \_\_\_\_\_ Yes \_\_\_\_\_ No Approximate WPM \_\_\_\_\_

Computer experience or skills: \_\_\_\_\_

Software competencies: \_\_\_\_\_

Hardware competencies: \_\_\_\_\_

Number of years of computer experience: \_\_\_\_\_ Do you own a computer? \_\_\_\_\_ Yes \_\_\_\_\_ No

How often do you use a computer? \_\_\_\_\_ Daily \_\_\_\_\_ Occasionally \_\_\_\_\_ Rarely

Which software programs do you use the most? \_\_\_\_\_

Business machines or equipment you can operate:		
_____ Copy Machine	_____ Facsimile Machine	_____ Calculator
_____ Adding Machine	_____ Multiple Line Phone	_____ Postage Meter
_____ Scanner	_____ Dictaphone/Transcriber	_____ TTY machine
_____ Computer Printer	_____ Electric Typewriter	_____ Other
Can you be bonded (insured) to handle money?		Yes _____ No _____

After having been provided a job description of the job for which you are applying and having reviewed the essential functions of the job, can you perform any and all essential job functions with or without a reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION:**

High School:

Name of School: \_\_\_\_\_  
 Year Graduated: \_\_\_\_\_ Year(s) Attended: \_\_\_\_\_  
 School Location (Address, City, State, Zip) \_\_\_\_\_  
 Major Subject/Degree Earned: \_\_\_\_\_

College:

Name of School: \_\_\_\_\_  
 Year Graduated: \_\_\_\_\_ Year(s) Attended: \_\_\_\_\_  
 School Location (Address, City, State, Zip) \_\_\_\_\_  
 Major Subject/Degree Earned: \_\_\_\_\_

Other Schools or Training:

Name of School: \_\_\_\_\_  
 Year Graduated: \_\_\_\_\_ Year(s) Attended: \_\_\_\_\_  
 School Location (Address, City, State, Zip) \_\_\_\_\_  
 Major Subject/Degree Earned: \_\_\_\_\_

(Amount of education considered necessary will vary based on requirements of job for which you are applying.)

**EMPLOYMENT HISTORY:**

Starting with your current employer, list all previous employers for whom you have worked during the last five (5) years. We may contact your previous employers by mail, so please give complete addresses including zip code.

1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Last Position: \_\_\_\_\_  
Last Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Last Position: \_\_\_\_\_  
Last Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Last Position: \_\_\_\_\_  
Last Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

If you need additional space to complete a five year employment history, use the back of this page and check here: \_\_\_\_\_

Please comment briefly below regarding lapses in employment, if applicable: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired, involuntarily terminated or asked to resign? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give name of employer, date of employment, and reason for dismissal or termination:

\_\_\_\_\_

List any information you want us to know before we contact your previous employers:

\_\_\_\_\_

**PERSONAL REFERENCES:**

List below the names, current addresses (including zip code), and telephone numbers (including area code) for four (4) individuals we may contact as your personal references.

*Do not list relatives or former employers.*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (include area code) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (include area code) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (include area code) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (include area code) \_\_\_\_\_

**AGREEMENT AND RELEASE**  
(Please read carefully before signing)

The facts set forth in this Personal history Statement are true, complete and correct. I hereby authorize a review of and full disclosure of all records concerning myself, including the release of my educational and employment records, to any duly authorized agent of the City of Pittsfield, whether the said records are of a public, private, or confidential nature. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, will be considered in determining my suitability for employment by the City of Pittsfield. I understand that during the selection or employment process, false statements on this application shall be considered sufficient cause for rejection of my application or termination of my employment at a later date. Such information shall become the property of the City of Pittsfield.

I hereby authorize my current/former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I hereby authorize the individuals listed as personal references to release any personal information that may pertain to my work habits or work performance. I hereby authorize the release of attendance, performance, and grade information from any schools/colleges/technical training institutions (Public or private) that I attended.

I understand and agree that should I enter into any employment relationship with the City of Pittsfield, such employment relationship is terminable at will. According, I acknowledge that any employee handbook I receive is not a contract of employment, nor does the handbook confer any employment rights. I understand that an employment relationship with the City of Pittsfield may be terminated with or without cause at any time.

I understand that the City of Pittsfield will require applicants for employment to take a urinalysis or blood test for drug and alcohol screening as part of a pre-employment physical examination, and that any offer of employment with the City of Pittsfield is conditional upon the results of my physical examination (including urinalysis or blood tests for drug or alcohol screens) being satisfactory.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's PRINTED NAME)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Applicant's Printed Address)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Printed City, State, and Zip Code)