**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 Department _____ Water Plant _____ Any Available

_____ Street & Alley Department _____ Airport _____ Summer Help _____ Police Department 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) _____ Email Address_____

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?

Do you have a valid driver's license? ☐ Yes ☐ No What class driver's license do you hold?_____

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

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.)

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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
Ifyes, 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
After having been provided with 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 reasonable accommodation? ☐ Yes ____No

**EDUCATION**

High School
Name of School: _____

Year Graduated: _____ Year's Attended: _____

School Location: _____ Major Subject/Degree Earned: _____

College
Name of School: _____

Year Graduated: _____Year(s) Attended: _____

School Location: _____ Major Subject/Degree Earned: _____

Other Schools or Training
Name of School: _____
Year Graduated_____ Year(s) Attended:_____
School Location: _____ 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 (3) individuals we may contact as your personal references.

*Do not list relatives or former employers.*

Name_____
Address_____
Phone (include area code)_____

Name_____
Address_____
Phone (include area code)_____

Name_____
Address_____
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 employment. 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. Accordingly, 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)

_____ _____

(Applicant's Signature) (Applicant's Printed Full Address)

Send Completed Application to amoffit@pittsfieldil.org or bring to
City Hall