

Silvis City Hall
121 11th St.
Silvis, IL 61282



Application For Employment "Equal Opportunity Employer"

Instructions: Answer "IN INK" as completely and clearly as possible. If you need additional space, please continue on a separate sheet of paper. A resume may be attached to completed applications. All applicants will receive consideration without regard to race, color, religion, sex, age, national origin, marital status, protected disabilities, or veteran status.

Position: _____

Status: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal

Salary Desired: _____ Date Available: _____

Personal Information

Name: _____
Last First Middle

Address: _____
Address City State Zip Code

Phone: () _____ () _____ () _____
Home Cell Alternate (work, etc.)

Are you 18 years of age or older? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Do you have any family members or relatives who work for the City of Silvis? ☐ Yes ☐ No

If yes, please give name(s) and relationship(s): _____

Do you have any activities, commitments, or responsibilities that may hinder you from meeting the specific work schedules and attendance required for the position? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been dismissed or forced to resign from any position? ☐ Yes ☐ No

If yes, please explain: _____

Who do you want to be notified in case of emergency. _____
Name

_____ Address City State Phone

Education and Training

High School

| Name | City/State | Major Field | Degree Earned |
|------|------------|-------------|---------------|
|------|------------|-------------|---------------|

College/University

| Name | City/State | Major Field | Degree Earned |
|------|------------|-------------|---------------|
|------|------------|-------------|---------------|

Vocational School/Specialized Training

| Name | City/State | Major Field | Degree Earned |
|------|------------|-------------|---------------|
|------|------------|-------------|---------------|

Special qualifications, skills, certifications, etc. _____

Employment Experience

List each job held starting with your present or last job. Include military service assignments and volunteer activities. Exclude groups that indicate race, color, religion, national origin, disability, marital status, or political affiliation. Attach an additional page if necessary.

| | |
|-----------------------------|---|
| Employer: _____ | Address: _____ |
| Supervisor and Title: _____ | Phone Number: _____ |
| Your Title: _____ | Dates of employment: From: _____ To: _____ |
| Duties: _____ | |
| Salary/Hourly Rate: _____ | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for leaving: _____ | |

| | |
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| Employer: _____ | Address: _____ |
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| Duties: _____ | | | |
| Salary/Hourly Rate: _____ | | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| | | May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for leaving: _____ | | | |

| | | | |
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| Duties: _____ | | | |
| Salary/Hourly Rate: _____ | | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| | | May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for leaving: _____ | | | |

READ CAREFULLY BEFORE SIGNING

I hereby certify that all statements in this application are true, accurate, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, and /or omissions of facts contained in this application (or any other supplemental documentation), may cause rejection of this application or any appointment to a position to be rescinded or result in immediate discharge, irrespective of the duration of employment. I hereby authorize the City of Silvis to contact any of the employers listed to verify my employment work record.

Also, I understand the City of Silvis will require me, within one year of employment, to reside within a distance of 15 road miles beyond the nearest existing city limits (*30 miles from the Silvis Police Department for those under FOP contract. Silvis Fire Department applicant please see attached map*). Failure to comply within the time allotted for moving, or failure to notify the City within ten (10) days of any further change in address will result in dismissal.

I understand that it is necessary for me to pass a pre-employment physical that includes a physical exam and drug screen. The physical will be paid for by the City and will be performed by a physician and/or medical facility designated by the City. I understand that this application is not, nor is it intended to be, a contract of employment or a guarantee of any kind.

 Signature

 Date

Silvis City Hall
121 11th St.
Silvis, IL 61282



Silvis Public Library
806 1st Avenue
Silvis Police
Department
600 Illini Drive
Silvis Fire
Department
2010 10th Street

Authorization to Release Information

READ CAREFULLY BEFORE SIGNING

As an applicant for a position with the City of Silvis, I certify that if the information given by me herein, or in a subsequent interview, is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge.

I authorize the use of any information in this application, or any other supplemental documentation, to verify my statements. I authorize the investigation of my past and present work, character, education, military, or police records to ascertain any and all information, which may be pertinent to my employment qualifications.

The release of any and all information about me is authorized, whether such information is of record or not. I do hereby release all person(s), firms, agencies, and/or companies from liability and any damage resulting from such information.

Print or Type Name

Date

Signature