

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



Silvis Police Dept.
600 Illini Drive
Silvis, IL 61282

Application For Employment "Equal Opportunity Employer"

Instructions: Answer 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 Email

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: _____

Name and address of person to be notified in case of emergency. _____
Name

_____ Address City State Phone

Education and Training

High School

Name	City/State	Major Field	Year Graduated	Degree Earned
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College/University

Name	City/State	Major Field	Year Graduated	Degree Earned
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Vocational School/Specialized Training

Name	City/State	Major Field	Year Graduated	Degree Earned
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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: _____	

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
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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
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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: _____	

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*). 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.

By providing your typed name in the box below, you further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

Type Name

Date

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



Public Safety Building
1040 1st Ave.
Silvis, IL 61282

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.

By providing your typed name in the box below, you further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

Type Name

Date

Voluntary Affirmative Action Information

The following information is requested in order to fulfill reporting requirements required by the Federal Government. The data collected will be used solely for research and statistical purposes. It will ***NOT be used*** in the employment decision process. Your cooperation in providing this information is strictly **voluntary**.

This form will not be made available to interviewers or be included in operating office personnel records. It will be kept in a confidential file separate from the employment application

Thank You.

Last Name

First Name

Middle Initial

Social Security Number: _____

Date of Application: _____

Position applied for: _____

Please check if applicable: I do not choose to provide the following information

Please check the following if you choose to provide this information:

Gender Female Male

Race or Ethnic Origin American Indian/Alaska Native Asian Black/African American

Hispanic or Latino Native Hawaiian or other Pacific Islander White

Referral Source Newspaper Ad Employment Referral

Employment Agency Government Agency

School/College Walk In

Job Posting (Location of posting) _____

Other (Please Specify) _____