



**City of Streator**  
 204 South Bloomington Street  
 Streator, Illinois 61364-0517  
 815/672-2517 • Fax 815/672-7566

Employment Application (Regular)

**GENERAL INSTRUCTIONS**

- A You may request any needed accommodation to participate in this application process, for example, an accommodation for a test, a job interview, or a job demonstration.
- B Carefully review the information about the position to ensure that you meet the necessary qualifications for the position.
- C The information on this form must be printed clearly or typewritten.
- D A separate application must be submitted for each position.
- E It is your responsibility to keep your name & address current.
- F **CAUTION:** Give complete and concise answers to all questions. You can be credited only with the education and experience shown on this application and any required supplementary form. You must be able to substantiate all statements made on this form. Truthful answers to questions contained on this form are considered a condition of employment (if falsehoods are discovered on this form it may lead to termination).
- G Return the completed form to: City Manager, City Hall, 204 S. Bloomington Street, Streator, IL 61364

1. What is the title of the position you are applying for?

**PERSONAL INFORMATION**

2. LAST NAME FIRST MIDDLE	3. SOCIAL SECURITY NUMBER XXX-XX-
4. STREET ADDRESS CITY STATE ZIP	5. PHONE: HOME WORK

- 6.  Yes  No If you are hired or if needed for a background check, can you supply proof of your age?
- 7.  Yes  No Have you ever been employed by us? If yes, please be sure to list under employment history.
- 8.  Yes  No Have you ever been enrolled in an educational institution or employed under any other name, such as a prior legal name or maiden name? If yes, please give the name you used:  
\_\_\_\_\_
- 9.  Yes  No Do you live within 15 miles of the corporate limits of the City? All full-time employees must be United State citizens and shall be actual residents within fifteen (15) miles of the City of Streator’s corporate limits no later than one year after their hire date and must maintain that residency within this fifteen-mile distance during their municipal employment.
- 10.  Yes  No If you are hired, can you supply the required documentation to verify your lawful right to work in the United States?
- 11.  Yes  No Do you have a valid driver’s license? License Number: \_\_\_\_\_
- 12.  Yes  No Has your driver’s license ever suspended or revoked? If “yes” explain in remarks (#23).

13.  Yes  No Have you ever served in the armed forces? If yes, what branch? \_\_\_\_\_

Date entered \_\_\_\_\_ Date discharged \_\_\_\_\_

14. Applicant need not disclose sealed or expunged records of convictions or arrests; applicant need not disclose expunged juvenile records of convictions or arrests. Have you ever been convicted of a felony? If yes, please explain:

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15.  Yes  No Are you applying for a position which requires a professional license, certificate, or registration, including operator's or chauffeur's license? If yes, under REMARKS on page five list the following information: ① type of license or certificate that you have; ② the license or certificate number; ③ where issued; ④ date of issue; and ⑤ expiration date.

16.  Yes  No Do you have any friends or relatives working for us? If yes, please list them in remarks (#23).

17. This question pertains to the description of the position that you are applying for. You cannot answer the following questions unless you understand the position description. If you need assistance in understanding the position description, please request assistance from the Personnel Officer or a member of the staff.

Yes  No Are you able to perform the functions of the position that are listed under the title of "Essential Functions"?

18. If the City of Streator is able to offer you a position, what is the soonest that you will be able to report for work? (For example, "After two weeks notice to current employer" or "Last day of August."):

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19. Not all positions require an ability to work shifts, on weekends, or during hours outside of the normal work day. Are you willing to work the following shifts or unusual hours if necessary?

a.  Yes  No Day shift

b.  Yes  No Evening shift

c.  Yes  No Night shift

d.  Yes  No Rotating shift

e.  Yes  No Part-time

f.  Yes  No Weekends

g.  Yes  No Overtime

h.  Yes  No Seasonal/Limited

## WORK HISTORY

Please be complete. You can be credited only with the education and experience shown on this application and any supplementary form. Your training and employment experience will be used to determine whether you meet the entrance requirements for this position and to compute your rating of experience and training. Include military and volunteer experience that you believe may relate to the position for which you are applying.

Start with your present or most recent employment and list your employment history. If you held more than one job for the same employer, list each job as a separate period.

NOTE: This section of the application must be completed even though the applicant may elect to attach additional material such as resumes, vita, or addenda. An incomplete application may result in the application being rejected or delayed which could result in a lost job opportunity. Please check to ensure that each item has been completed.

20a <b>Present or Most Recent</b> Started: ____ Mo. ____ Yr. Ended: ____ Mo. ____ Yr. Hours worked/week: _____	Job Title	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Address of Employer	If yes, how many? _____
		Reason for Leaving.
Kind of Business:		
Name & Title of Supervisor:		
Describe your duties and responsibilities in detail. (include equipment, materials, and tools used)		

20b <b>Next Most Recent</b> Started: ____ Mo. ____ Yr. Ended: ____ Mo. ____ Yr. Hours worked/week: _____	Job Title	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Address of Employer	If yes, how many? _____
		Reason for Leaving.
Kind of Business:		
Name & Title of Supervisor:		
Describe your duties and responsibilities in detail. (include equipment, materials, and tools used)		

20c

<b>Next Most Recent</b> Started: ____ Mo. ____ Yr. Ended: ____ Mo. ____ Yr. Hours worked/week: _____	Job Title	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Address of Employer	If yes, how many? _____ Reason for Leaving.
Kind of Business:		
Name & Title of Supervisor:		
Describe your duties and responsibilities in detail. (include equipment, materials, and tools used)		

20d

<b>Next Most Recent</b> Started: ____ Mo. ____ Yr. Ended: ____ Mo. ____ Yr. Hours worked/week: _____	Job Title	Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Address of Employer	If yes, how many? _____ Reason for Leaving.
Kind of Business:		
Name & Title of Supervisor:		
Describe your duties and responsibilities in detail. (include equipment, materials, and tools used)		

21.  Yes  No Have you ever been dismissed or forced to resign from any position other than as stated above? If yes, please explain under remarks (#23).

NOTE: Failure to include all information regarding dismissal or forced resignation will result in the rejection of your application.

If more space is required to adequately describe your experience, attach full sheets of paper and write on each sheet your name and the position title for which you are applying; use the same format as above.

**EDUCATIONAL & TRAINING HISTORY**

22. SCHOOL	NAME & LOCATION	MAJOR SUBJECTS	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

23. **REMARKS.** If a remark is entered because of a question on this form please start the remark with the question number. If additional space is needed attach additional full sheets with your name and position title listed on each sheet.


**PERSONAL REFERENCES**

24. List below three personal references, who cannot be former employers or relatives

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

25. **UNDERSTANDING AND AUTHORIZATION FOR RELEASE:** I understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. No one other than the City Manager, or his authorized agent, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by the City Manager, or his authorized agent. I authorize the City of Streator to make such investigations and inquires as to my character, personal history, financial and credit record, employment record, and conviction record as may be necessary in arriving at an employment decision. I hereby release employers, schools, law enforcement agencies, and persons from all liability for any damage whatsoever that may ensue from furnishing the same to the City of Streator.

26. CERTIFICATE OF APPLICANT: I certify that all answers and statements contained in this application are true to the best of my knowledge and belief. I understand that misstatements or omissions of material fact will subject me to disqualification or dismissal. I approve the above authorization for release.
27. I hereby authorize a comprehensive investigation into my background, including, but not limited to, all statements contained in this application and any other document or documents submitted in connection with this application. I permit the City of Streator to obtain any records, information and documents pertaining to my background and work experience. I also authorize my previous employers, the educational institutions that I have attended, any other organizations and individuals to disclose information about me on the subjects covered by this application form or related documents to this request. This authorization specifically gives the City the ability to obtain any alcohol or controlled substance test results or refusal to be tested for the preceding two (2) years. Any individual, education institution, organization, or business entity is hereby released from any and all liability for any damages that arise as a result of providing such information. I also agree to release the City of Streator from any and all liability arising from the use of the information obtained through the investigation of my background and any action taken by the City of Streator based on such information.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Print Full Name: \_\_\_\_\_