Application For Employment

City Of Mount Carroll
City Hall
302 North Main Street
Mount Carroll, Illinois 61053
815-244-4424

PERSONAL INFORMATION	
Name:	Date:
Address:	Phone:
City: State: Zip:	
Are you legally eligible to work in the United States?	
Please select employment desired: Full time Part time	

POSITION APPLYING FOR	
Title:	Salary Desired:
Referred By:	Date Available:

EDUCATION
High School (Name, City, State):
H. S. Diploma: G.E.D. Other:
Business or Technical School:
Degree, Major:
Undergraduate College:
Degree, Major:
Graduate School:
Degree, Major:

REFERENCES

Give names, addresses and phone #'s of three persons not related to you, whom you have known for at least one year.

Name:	Phone Number: ( )	Years Acquainted:
Name: Address:	Phone Number: ( ) Business:	Years Acquainted:
Name: Address:	Phone Number: ( ) Business:	Years Acquainted:

Please describe any extra curricular activities, or volunteer work you feel may be helpful:

EMPLOYMENT INFORMATION

PRESENT OR LAST EMPLOYER

Company Name:	Telephone: ( )
Address: _____ City: _____ State: _____ Zip: _____	Employed - (Month and year) From: To:
Name of Supervisor: _____ Weekly Pay:	Starting: _____ Ending: _____
State Job Title: _____ Describe Your Duties: _____ _____	Reason for Leaving: _____
Company Name:	Telephone: ( )
Address: _____ City: _____ State: _____ Zip: _____	Employed - (Month and year) From: To:
Name of Supervisor: _____ Weekly Pay:	Starting: _____ Ending: _____
State Job Title: _____ Describe Your Duties: _____ _____	Reason for Leaving: _____
Company Name:	Telephone: ( )
Address: _____ City: _____ State: _____ Zip: _____	Employed - (Month and year) From: To:
Name of Supervisor: _____ Weekly Pay:	Starting: _____ Ending: _____
State Job Title: _____ Describe Your Duties: _____ _____	Reason for Leaving: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that, if employed, falsified statements on this application my result in discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decision. I understand that I am to abide by all rules and regulations of the company.

_____ _____

Signature Date