

## CITY OF TUSCOLA

214 NORTH MAIN STREET - TUSCOLA, IL 61953 PHONE (217) 253-2112 - FAX (217) 253-5026 - EMAIL info@tuscola.org

## **Application for Employment**

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Name			Date						
Address	Street		City	State		Zip	Code		
Phone			Email address						
Position Applie	ed For								
If necessary for	the position, are you	over? 🗆16	□18 □21						
Are you legally	eligible for employme	ent in the United S	States? □No □Yes <i>(i</i>	f yes, verifi	cation	will be	required)		
Are you able to	perform the essentia	I functions of the	position with or without a	ccommoda	ations	s? 🗆 No	o □Yes		
If necessary for	the position, are you	able to provide a	a valid driver's license: 🗌	No 🗆 Y	es				
Education / Training									
	School or Program		Field of Study / Duty or Training	Years or Course Completed		Certification or Degree Earned			
High School				'					
College									
Business or Technical									
Military Service									
Certifications									
Employment History List employers beginning with more recent. Include dates of military service.									
Employer Name & Address Pos		Position / Duties	Position / Duties / Skills			i	mployed		
					Fror	m	То		
					Reason for Leaving				
Reference Nam	e & Contact								

			т								
Employer Name & Address	Position / Duties / Skills		Dates Employed								
			From	То							
			Dance fo								
			Reason fo	r Leaving							
Reference Name & Contact			1								
Employer Name & Address	Position / Duties / Skills		Dates	Employed							
Employer Name & Address	1 Osition / Duties / Skins		From	To							
D ( N 0 0 1 1			-	_							
Reference Name & Contact											
A resume may be attached for additional employment details or history											
	Deferences										
	References	<u> </u>									
Name	Company/Position	Phone or Email	Years Known								
	hiring, you will be able to report	to work within		_days.							
Hours/shifts you are availab	le to work:		<del> </del>								
Are you able to work overting	ne (over 40 hours per week):		• · · · · · · · · · · · · · · · · · · ·								
	Authorization / Acknow	/ledgement									
•	tationzation, / toknow	rioagomont									
I authorize all corporations, former employers, associates, credit agencies, educational institutions, law											
enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their											
agent. I release all parties involved from any liability and responsibility for doing so.											
I understand that the City of Tuscola is a drug and alcohol free work place and as such all employees of the City											
of Tuscola are subject to the City's drug and alcohol policies. All applicants considered for hire will be tested,											
according to our policies, as a condition of employment. Further I understand that I may be included in an ongoing random drug and alcohol testing program.											
My status as an employee shall remain at all times an "employee at will" and no contracts expressed or implied											
have been offered to me. Finally, if any information provided by me on this form or attached hereto should prove false, disciplinary action up to and including discharge may be taken by the City.											
prove raise, discipilitary action	up to and including discharge flay	DE LANCH DY LITE CITY.									
Applicant's Cinnet		D-4-									
Applicant's Signature		Date									

Applications will be kept on file at the City Clerk's office for consideration in job openings for a period of one year. Revised 09/2019