



Application for Employment - An Equal Opportunity Employer

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A

Name

Phone Number

First Name

Last Name

Area Code

Phone Number

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Are you at least 18 years of age

Email

YES

NO

example@example.com

Have you ever been employed by the City of Kankakee?

YES

NO

If Yes, which department(s):

Days Available to Work *

I certify that i am a U.S. Citizen, permanent resident or a foreign national with authorization to work in the United States.

YES

NO

Are you fluent in any language other then English?

YES

NO

If Yes, please list:

Education

List your High School, Location, Years Completed, Degree or diploma

List your College, Location , Years Completed, Major, Degree or Diploma

Professional Associations and Dates Active

List Certifications and/or Licensure, Effective and Expiration Dates

Military

Have you been in the Armed Forces?

YES

NO

Are you a current member of the National Guard?

YES

NO

Specialty and Years of Service:

Work Experience

Company:

Name of Supervisor

Job Title

Address

Phone Number

Area Code Phone Number

Street Address

May we Contact this Employer?

YES

NO

Start Date



Month Day Year

End Date



Month Day Year

Reason for Leaving:

Company

Name of Supervisor

Job Title

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

May we contact this employer?

YES

NO

Start



Month Day Year

End Date:



Month Day Year

Reason for Leaving:

Company

Name of Supervisor

Job Title

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

May we contact this employer?

YES

NO

Start Date:



Month Day Year

End Date:



Month Day Year

Reason for Leaving:

References

Please include at least 3 References including name, phone number and circumstances of your acquaintance:

I certify that all of your answers are given herein are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment regardless of when such information is discovered. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State, or local agency, or any court of the State or Federal government for providing an accurate and factual history of my employment information.

Signature

Date



Month Day Year