



**City of Colona
APPLICATION FOR EMPLOYMENT**

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

PERSONAL INFORMATION Date _____
Valid Driver's Lic.# _____

Have you ever been employed by an IMRF employer? Yes _____ No _____

1. Name

Last

First

Middle

Present Address

Street

City

State

2. Phone # _____ **Are you 18 years old or older?** Yes _____ No _____

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

EMPLOYMENT INFORMATION

3. For what position are you applying? Full-Time ___ Part-Time ___
Seasonal ___ Able to work overtime
(nights/weekends)

4. Are you eligible to work in the United States? Yes _____ No _____

EDUCATION

Name and Location of School(s) No. of Years Did you Subjects
Attended Graduate Studied

5. High School

College

Trade/Business
Or Correspondence
School

General Subjects of Special Study or
Research Work

6. U.S. Military or **Present Membership in**
Military Service **Rank** **National Guard or Reserves**

7. Do you have any special skills, license, certificates or awards that relate to the job for which you are applying? _____

8. Can you operate any equipment or machines that may relate to this position? _____

9. Do you have any other special training? _____

PAST EMPLOYERS

10.

Date Month & Year	Name & Address of Employer(s)	Position	Reason for Leaving
From To			
From To			
From To			
From To			

REFERENCES: Give names of 3 persons not related to you whom you have known for at least 1 year.

11.

Name	Address	Business	Years Acquainted	Phone No
1.				
2.				
3.				

PHYSICAL RECORD:

12. Can you with or without reasonable accommodations, perform the essential functions of the position for which you are applying? Yes _____ No _____

Please describe: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge; I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from giving you the same.

I understand and agree that, if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Hired: Yes No Position Dept.

Salary/Wage Date reporting to work

Approved: 1. Dept. Head 2. Committee 3. Mayor