



**CITY OF SAVANNA**

333 Chicago Ave, Savanna, IL 61074

O: 815-273-2251 F: 815-273-7260

www.savannaininois.com

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last/First/MI*

Address: \_\_\_\_\_  
*Street Address/City/State/Zip Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

	Y	N		Y	N
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	If not, are you authorized to work in the US?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid IL driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	If no, explain why _____		
Do you have a CDL license?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, which classification? _____		
Have you ever worked for the city of Savanna?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when? _____		
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES  NO  Diploma/GED: \_\_\_\_\_

College/Location: \_\_\_\_\_

Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other/Location: \_\_\_\_\_

Did you graduate? YES  NO  Certificate: \_\_\_\_\_

**References**

*Please list three (non-related) professional references.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that false or misleading information in my application or interview may result in my application being rejected and, if I am employed; my employment may be terminated at any time. In consideration of my employment, I agree to conform to the City rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and within or without notice at any time, at either my or the city's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the City of Savanna.*

*Further, in addition, should the City of Savanna be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***The City of Savanna is an Equal Opportunity Employer – A Copy of This Application is Available Upon Request***

***\*Please Attach Resume if Available\****