

CITY OF ALTON
Employment Application



Date	
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APPLICANT INFORMATION

Last Name		First		M.I.	
Current Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		
Have you ever been known by any other name(s) that this City will require to verify any information on this application?					
Position Applied for			Full-Time, Part-Time, Temp or Seasonal?		
Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally able to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a crime in State or Federal Court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION

Last School attended:		Address			
Do you have a High School Diploma or GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College		Address			
Highest degree earned:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other Training or Skills (Office Machines Operated, Special Courses, Computer Skills, etc.)					
Area of Concentration and/or degree(s), certificates, licenses, endorsements:					

REFERENCES

Please list three professional references.

Full Name		Relationship			
Company			Phone		
Address					
Full Name		Relationship			
Company			Phone		
Address					
Full Name		Relationship			
Company			Phone		
Address					

PREVIOUS EMPLOYMENT (LIST EMPLOYERS, STARTING WITH THE CURRENT OR MOST RECENT)			
Company		Phone	
Address		Supervisor	
Job Title		Rate of Pay: \$	
Responsibilities			
Start Date	End Date	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Rate of Pay: \$	
Responsibilities			
Start Date	End Date	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Rate of Pay: \$	
Responsibilities			
Start Date	End Date	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Rate of Pay: \$	
Responsibilities			
Start Date	End Date	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE	
Are you a military Veteran?	YES NO
If Yes, Dates of Active Duty:	to

DISCLAIMER AND SIGNATURE		
I certify that my answers are true and complete to the best of my knowledge.	YES	NO
I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal if this application leads to employment.	YES	NO
I consent to having this application and any accompanying documents treated as public records.	YES	NO
I consent to have a background check done.	YES	NO
Signature	Date	

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.