

# APPLICATION FOR EMPLOYMENT

Village of Port Byron  
120-South Main  
Port Byron, Illinois 61275  
309-523-3705

**INSTRUCTIONS:** Complete all applicable information. Applicants may provide additional information on another form. This application will be kept on file for twelve months and considered for all open positions during that period. Be sure to sign and date the application. PLEASE PRINT USING BLUE OR BLACK INK

**The Village of Port Byron is an equal opportunity employer. All decisions concerning job application procedures, employment, advancement, discharge, compensation, training, and other terms, conditions, and privileges of employment are made without regard to race, color, sex, religion, ancestry, age, national origin, protected disability, or veteran status.**

Date \_\_\_\_\_

Name (Last, First) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Number \_\_\_\_\_ May We Call? \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

What Position are you applying for? \_\_\_\_\_

Please list any skills you possess related to the position. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any licenses, certificates or awards you possess related to the position. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If selected for employment, on what date would you be available for work? \_\_\_\_\_

**Circle Proper Answer**

Are you 18 years of age or older?                      Yes      No

Are you legally eligible to work in the United States?                      Yes      No

Have you ever pleaded guilty or been convicted of a crime other than a summary offense?                      Yes      No

If yes, please describe. \_\_\_\_\_

Can you, with or without reasonable accommodations, perform the essential functions for the position(s) for which you are applying?                      Yes      No

If not, please list the reasons \_\_\_\_\_

## EDUCATION

Level	Name and location of school	Number of years attended	Did you graduate?	Major/Degree
High School				
College				
Trade, Business, or Correspondence School				
Other Formal Training or Certification				

## EMPLOYMENT HISTORY

List last employer first. Include US military service. Do not leave any information blank.

Start Date Month            Year	Employer Name	Position Held	Reason for Leaving
End Date Month            Year	Address		
Final/Current Salary	City/State	Supervisor's Name	
	Phone Number		
Start Date Month            Year	Employer Name	Position Held	Reason for Leaving
End Date Month            Year	Address		
Final Salary	City/State	Supervisor's Name	
	Phone Number		
Start Date Month            Year	Employer Name	Position Held	Reason for Leaving
End Date Month            Year	Address		
Final Salary	City/State	Supervisor's Name	
	Phone Number		

## REFERENCES

List three persons not related to you, whom you have known for at least one year.

Name	Business	City & Phone Number	Years Acquainted

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

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