CITY OF DECATUR, ILLINOIS
APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Upon completion of this application, you must print this form, sign the bottom of the second page and mail or deliver to the address below.

Human Resources • #1 Gary K. Anderson Plaza • Decatur, Illinois 62523-1196 • Telephone 217-424-2805 • www.decaturil.gov

PLEASE PRINT OR TYPE	Position Desired: Development and Revitalization Specialist			Date
Last Name	First Name	Middle Initial		Social Security Number
Street Address	City	State	Zip Code	Daytime Telephone ( ) -
E-mail Address				Alternate Contact Telephone ** ( ) -

** Alternate contact telephone number **MUST** be different from your daytime telephone number.

Are you a citizen of the United States? ☐ YES ☐ NO

If not, do you have a legal right to live and work in the U.S.? ☐ YES ☐ NO

Have you filed a declaration of intent to become a citizen of the U.S.? ☐ YES ☐ NO

Do you have a valid driver's license? ☐ YES ☐ NO Class _____ License Number _____ State _____

Do you have any restrictions? ☐ YES ☐ NO If yes, explain _____

Has your license ever been suspended or revoked? ☐ YES ☐ NO If yes, explain _____

Are you a veteran? ☐ YES ☐ NO Branch of Service _____ Rank _____ Type of Discharge _____

Date of Entry _____ Date of Discharge _____ Are you a member of the Active Reserve? ☐ YES ☐ NO

Type of Military Training _____

Are you presently employed by the City of Decatur? ☐ YES ☐ NO

Have you ever been employed by the City of Decatur? ☐ YES ☐ NO

If so, where and when? _____

EDUCATION

	Name and Address of School	Course of Study Diploma or Degree	Circle Last Grade Completed	Did You Graduate?
High School			1 2 3 4 Last Year Attended:	☐ YES ☐ NO
College			1 2 3 4 Last Year Attended:	☐ YES ☐ NO
Other (Specify)			1 2 3 4 Last Year Attended:	☐ YES ☐ NO

G.E.D. Did you receive certificate? ☐ YES ☐ NO

SUMMARY OF OTHER TRAINING, SPECIAL SKILLS, EQUIPMENT YOU CAN OPERATE, SPECIAL LICENSES, ETC. _____

Begin with your present and most recent job and list fully and accurately the details of each position.

Employer Name & Address _____

Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____

Starting Salary _____ Ending Salary _____ Reason for Leaving _____

Description of Duties _____

_____

_____

Did you supervise employees? _____ If yes, how many? _____

Name & Title of your immediate supervisor _____

May We Contact This Employer? ☐ YES ☐ NO Telephone Number _____

Employer Name & Address _____

Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____

Starting Salary _____ Ending Salary _____ Reason for Leaving _____

Description of Duties _____

_____

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Employer Name & Address _____

Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____

Starting Salary _____ Ending Salary _____ Reason for Leaving _____

Description of Duties _____

_____

_____

Did you supervise employees? _____ If yes, how many? _____

Name & Title of your immediate supervisor _____

May We Contact This Employer? ☐ YES ☐ NO Telephone Number _____

CHARACTER REFERENCES

List three persons other than former employers or relatives who would have knowledge of your qualifications for the position for which you are applying.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

BEFORE SIGNING THE APPLICATION, CHECK FOR ERRORS OR OMISSIONS

CERTIFICATE OF APPLICANT: I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any misrepresentations or omissions of material fact herein subjects me to disqualification or dismissal. I further understand that my classification as an employee depends upon successfully performing assigned work during a probationary period, where applicable.

I understand that my application will be processed in a confidential manner. I authorize release of any records pertaining to my education, employment, police, and/or personal references to the City of Decatur.

_____ _____

Date Signature of Applicant