



**EMPLOYMENT APPLICATION
CITY OF PEORIA**

Human Resources Department
419 Fulton Street - Room 203 - City Hall
Peoria, IL 61602-1268

Phone (309) 494-8575 • FAX (309) 494-8587 • JOB HOTLINE (309) 494-8999

Upon request, a large print version of this application is available.

APPLICANT INFORMATION -- PLEASE PRINT

Job Title Applying For: _____
(EXACT TITLE FOR WHICH YOU ARE APPLYING)

Print Name: _____
(FIRST) (MIDDLE) (LAST)

Social Security Number: _____ - _____ - _____

Present Address: _____
(STREET) (CITY) (STATE) (ZIP)

Permanent/Alternate Address: _____
(STREET) (CITY) (STATE) (ZIP)

Home Telephone #: (_____) _____ - _____
(AREA CODE) (NUMBER)

Alternate (Day) #: (_____) _____ - _____
(AREA CODE) (NUMBER)

May we contact you at your place of employment? Yes No

- ◆ Applications are required for each vacancy. Resumes may be attached but will not be accepted in lieu of applications. The application must be signed, dated, completely filled in and returned to the Human Resources Department by the filing date indicated on the Vacancy Announcement. All information submitted is subject to verification.
- ◆ The City only accepts applications for posted positions with the exception of the following: Police Recruit, Firefighter, and Emergency Telecommunicator/Trainee (911 Dispatcher). The City will accept applications for these positions on a continuous basis and will notify qualified applicants as vacancies or testing occur.
- ◆ If selected, City residency must be established within one year of hire (or within the timeframe outlined in bargaining unit contract, if applicable). Residency must be maintained for the duration of employment. Applicants need not be current residents of the City of Peoria to be considered.
- ◆ After an offer of employment but prior to hire, all applicants must complete a medical examination including a drug screen.
- ◆ All new hires will be required to successfully complete a probationary period.
- ◆ A summary of employment benefits may be obtained by contacting the City's Human Resources Department.
- ◆ The City's Administrative Action Plan for Fair Practices is available for inspection by contacting the City's Equal Opportunity Director, City Hall, Room 108 or by calling (309) 494-8530 or (309) 494-8532 (TTY).
- ◆ Applicants requiring accommodation to participate in the selection process may notify the Human Resources Department of such request.

EMPLOYMENT HISTORY

Begin with your present or most recent employer and continue in reverse order. List additional employers on a separate sheet.

Current/Most Recent Employer: _____

Address: _____ Phone (____) ____ - _____

Name & Title of Supervisor: _____ Phone (____) ____ - _____

Dates employed: From ____/____/____ To ____/____/____ Title: _____

Salary: _____ per _____ Full Time Part Time Permanent Temporary

Responsibilities & Duties: _____

Do/did you supervise others? Yes No If yes, indicate number: ____ Professional Staff ____ Non-Professional Staff

Reason for Leaving? _____

Previous Employer: _____

Address: _____ Phone (____) ____ - _____

Name & Title of Supervisor: _____ Phone (____) ____ - _____

Dates employed: From ____/____/____ To ____/____/____ Title: _____

Salary: _____ per _____ Full Time Part Time Permanent Temporary

Responsibilities & Duties: _____

Did you supervise others? Yes No If yes, indicate number: ____ Professional Staff ____ Non-Professional Staff

Reason for Leaving? _____

Previous Employer: _____

Address: _____ Phone (____) ____ - _____

Name & Title of Supervisor: _____ Phone (____) ____ - _____

Dates employed: From ____/____/____ To ____/____/____ Title: _____

Salary: _____ per _____ Full Time Part Time Permanent Temporary

Responsibilities & Duties: _____

Did you supervise others? Yes No If yes, indicate number: ____ Professional Staff ____ Non-Professional Staff

Reason for Leaving? _____

EDUCATIONAL RECORD

Do you have a High School Diploma or GED Equivalency? Yes No If yes, location where obtained _____

LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

<u>Institution Name & Location:</u>	<u>Degree/Date:</u>	<u>Hours Completed</u>	<u>Dates Attended:</u>	<u>Major:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Transcripts are required for all positions which require a college degree.

LIST ALL TRADE, BUSINESS, TECHNICAL, MILITARY OR CORRESPONDENCE SCHOOLS ATTENDED:

<u>Institution Name & Location:</u>	<u>Dates Attended:</u>	<u>Courses Completed/Certificates Awarded:</u>
_____	_____	_____
_____	_____	_____

List any other relevant certifications or licenses (include date received):

List computer software packages with which you are proficient:

Typing Speed: _____ wpm

Shorthand Speed: _____ wpm

LIST OTHER RELEVANT EXPERIENCE, TRAINING OR SKILLS (i.e. volunteer work, foreign language skills, FCC Radio License, etc):

DRIVING RECORD

Drivers License Number: _____ State: _____ Class: _____ Exp Date: _____

List the type of equipment you have operated (i.e. personal auto, tractor/trailer, specific construction equipment): _____

PROVIDE DETAILS REGARDING ANY ACCIDENTS, TRAFFIC CONVICTIONS, OR LICENSE FORFEITURES IN THE LAST 3 YEARS:

<u>Incident Date:</u>	<u>Details:</u>
_____	_____
_____	_____

Has drivers license ever been denied, suspended or revoked? Yes No Explain: _____

IV. DISABILITY

NOTE: For definition purposes as used herein, an individual who is disabled is any person who has a physical or mental impairment which substantially limits one or more of such persons major life activities or who is regarded as having such impairment. (Major life activities which might be substantially limited by such impairment include: walking, talking, self care, transportation, and others.)

Do you consider yourself to be disabled?

- 00 Not Disabled.
- 01 Disabled

V. MILITARY SERVICE

Have you served in the United States Armed Forces?

- 00 Not a Veteran
- 01 Vietnam Era Veteran
- 02 Korean War Veteran
- 03 World War II Veteran
- 04 Other Veteran

VI. REFERRAL SOURCE

- (1) Community Agency
- (2) Illinois State Employment Service
- (3) Newspaper, please identify _____
- (4) City Personnel Office
- (5) School Placement, please identify _____
- (6) Friend (Not a City Employee)
- (7) City Employee
- (8) Federal Agency
- (9) Other, please identify _____
- (10) Internet, please identify site _____