



City of Mascoutah

3 West Main Street
Mascoutah, IL 62258-2030
(618) 566-2964
Fax: (618) 566-4897
Email: info@mascoutah.com



Equal
Opportunity
Employer

Application For
Employment

Personal Information

Date: _____

Name (Last Name First)		Social Security No. _____	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No. () ()	Referred By		

Employment Desired

Position	Date You Can Start	Salary Desired
Are You Currently Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, may we inquire of your present employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed by the City of Mascoutah? If so, what position?		<input type="checkbox"/> YES <input type="checkbox"/> NO

Education History

Name & Location of School	Year Attended	Did you graduate?	Subjects Studied
High School			
College			
Trade, business or Correspondence School			

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.	
U.S. Military Service	Rank

Former Employers (List last four employers; start with your present or last employer.)

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone Number	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

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Employer		Dates Employed		Work Performed
		From	To	
Address				
Phone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

References Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone No.	Business

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

By signing this application I am giving my consent for a pre-employment drug screening test and criminal background check (excluding expunged juvenile records).

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE _____ SIGNATURE _____