

Date Received: _____
(For Office Use only)

REPLEX
304 East Washington Street
Le Roy, Illinois 61752

Application for Employment

- 1. You must fully and accurately complete this Application for Employment. Incomplete applications will not be considered.
- 2. This Application for Employment will be inactive after one hundred eighty (180) days. If you want to be considered after the time, you must complete a new Application for Employment.

Date of Application: _____

Position(s) Applying For: _____

General Information

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Prior Address: _____
Street City State Zip

Telephone: _____
Home Work
Cell Phone

Social Security Number: _____

Drivers License Number: _____ **State** _____

Date Available for Work: _____

Referred by: _____

General Information Continued

Were you previously employed by the City of Le Roy/Le Roy Park District/Replex?

Yes **No**

If yes:

Position _____

Department _____

Supervisor _____

Dates Employed _____

In case of emergency notify _____

Name

Address

Phone

Can you verify that you are at least eighteen (18) years of age?

Yes **No**

If you are hired can you supply proof of a valid driver's license?

Yes **No**

If you are hired, can you supply the required documentation to verify your lawful right to work in United States?

Yes **No**

If you are hired for a position that requires a bond, can you provide information regarding any previous bond you may have been issued?

Yes **No**

Have you ever been convicted of a felony?

Yes **No**

If yes, please explain

Education

Type of School	Name of School	Years Attended	Date Graduated	Degree Earned
High School				
College				
College				
Trade School				
Other				

Please list any educational courses that you have taken which pertain to the position you are applying for.

Employment History

Please list present or most recent employer first.

Employer _____ Job Title _____

Name of Supervisor _____

Employed from _____ to _____

Address _____

Telephone (____) _____

Duties _____

Reason for Leaving _____

Final Salary \$ _____ May we contact this employer? ____ Yes ____ No

Employer _____ **Job Title** _____

Name of Supervisor _____

Employed from _____ **to** _____

Address _____

Telephone (____) _____

Duties _____

Reason for Leaving _____

Final Salary \$ _____ **May we contact this employer?** ___ **Yes** ___ **No**

Employer _____ **Job Title** _____

Name of Supervisor _____

Employed from _____ **to** _____

Address _____

Telephone (____) _____

Duties _____

Reason for Leaving _____

Final Salary \$ _____ **May we contact this employer?** ___ **Yes** ___ **No**

Employment History Continued

Employer _____ **Job Title** _____

Name of Supervisor _____

Employed from _____ **to** _____

Address _____

Telephone (____) _____

Duties _____

Reason for Leaving _____

Final Salary \$ _____ **May we contact this employer?** ____ **Yes** ____ **No**

References

Name	Address	Telephone	Relationship

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND THEN SIGN YOUR NAME ON THE SIGNATURE LINE BELOW TO SHOW THAT YOU HAVE READ THESE STATEMENTS AND AGREE WITH THE CONTENTS.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date, and employment is conditional upon the showing of a valid driver's license, bond worthiness, or other information required for the particular position for which I have applied.

I authorize investigation of all statements contained herein, and I authorize the references listed previously to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing any information to you.

I understand and agree that, if employed, my employment is for no definite period, and regardless of the date, or time interval, of payment of my wages or salary, I may be terminated at any time without prior notice. I further understand that only the city council has the authority to create or enter into any employment agreement on behalf of Replex.

In consideration of my employment, I agree to comply with all rules, regulations, and employment policies of Replex and the City of Le Roy.

Date

Signature

