

**APPLICATION FOR EMPLOYMENT**

City of Polo  
115 South Franklin Avenue  
Polo, Illinois 61064

**Notice:**

The City of Polo complies with all State and Federal equal opportunity laws. Qualified applicants shall be considered for each and every position requested without regard to race, color, religion, sex, national origin, age, marital status, ancestry, veteran status, unrelated medical conditions, handicaps, or other area as set forth by law.

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Position requested: \_\_\_\_\_

Date applicant could begin work: \_\_\_\_\_

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**APPLICANT INFORMATION**

1.) Please provide only that information which is required for and relevant to the position for which you are applying.

Name \_\_\_\_\_  
(Last) (First) (Middle initial)

Current Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone \_\_\_\_\_  
(Home) (Work)

Are you at least 18 years old? \_\_\_\_\_

Are there any physical, mental, or emotional problems that would interfere with your ability to perform the job for which you are applying in any way?

\_\_\_\_\_ (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ (Not Sure)

If "Yes" or "Not sure", please explain.

Why are you seeking this position? \_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment within the United States of America? \_\_\_\_\_

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**Employment History**

Current or most recent employment:

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Your position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous employment:

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Your position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

For additional prior work history, please attach another sheet of paper with additional history information as requested above.

List all skills and/or qualifications, which you believe, relate to the position for which you have applied, include any previous experience, training, award, recognition's. Also list any machines, instruments, or other devices, which you can operate and which are relevant to this position.

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**EDUCATIONAL BACKGROUND**

Are you a High school graduate or G.E.D.?    Yes    No    (circle one)

If you circled yes, from where? \_\_\_\_\_

Secondary Education:

Name of school: \_\_\_\_\_ Years completed: \_\_\_\_\_

Major or minor: \_\_\_\_\_

Degrees received: \_\_\_\_\_

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**REFERENCES**

Name	Address	Phone #	Length of time known
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

I herby acknowledge that all answers given are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date