



City of Sterling
212 Third Avenue
Sterling, IL 61081
(815) 632-6624
info@sterling-il.gov

PERSONAL

Name: (first) _____ (middle initial) _____ (last) _____

Present Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Telephone: (home) _____ (cell) _____ (work) _____

Email: _____

Social Security No. _____

GENERAL

Position applying for: _____ Date of application: _____

Full Time

Part Time

Seasonal

Rate of pay expected: _____

Referral source (circle one):

- | | | | | |
|--------------|-------------------|----------------|--------------|----------------|
| Newspaper Ad | Online Ad | Employee | Relative | Bulletin Board |
| Walk-in | Employment Agency | School Website | Town Website | Other |

Name of source (if applicable): _____ Date available for work: _____

ADDITIONAL QUESTIONS

Are you a citizen of the United States? Yes No

Are you legally permitted to become employed in this country? Yes No

Are you at least 18 years of age? Yes No

Do you have a valid driver's license? Yes No

Have you worked for the City of Sterling before: Yes No
If yes, list: (dept) _____ Dates of service: From: / / / To: / / /

Do you have relatives working for the City of Sterling? Yes No

If yes, please list names/department/relationship:

Were you in the U.S. Armed Services? Yes No

If yes, which branch? _____ Dates of service: From: ___/___/___ To: ___/___/___

List duties and special training:

Have you ever been convicted of any offense? Yes No

If yes, state date, place, nature of the conviction and disposition:

After reviewing the functions of the job for which you are applying, are you able to perform the duties of the job? If no, please explain:

EDUCATIONAL HISTORY

	School Name and Location	Course of Study	Last Year Completed				Did you Graduate?	Diploma or Degree
			1	2	3	4		
High School							Yes	
							No	
College							Yes	
							No	
Grad/Tech School							Yes	
							No	

EMPLOYMENT HISTORY

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Employer	Address (city, state, phone)	
Date started	Starting salary (annual)	Starting position
Date ended	Ending salary (annual)	Position upon leaving
Name & title of supervisor	Reason for leaving	
Brief description of your responsibilities:		

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ADDITIONAL SKILLS, QUALIFICATIONS, CERTIFICATIONS

REFERENCES

Full Name:	Relationship:
Company:	Phone:
Address:	

Full Name:	Relationship:
Company:	Phone:
Address:	

Full Name:	Relationship:
Company:	Phone:
Address:	

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

1. I understand that I may be required to satisfactorily complete an alcohol/drug screening as a condition of employment. In the event of employment, I consent to any medical examination required by the city at any time to determine my ability to perform the duties of my job or other jobs with the City. I understand the City may have a no-smoking policy and I agree to comply with its requirements
2. I certify that the information contained in this application is correct to the best of my knowledge and understand that the deliberate falsification of this information is grounds for dismissal in accordance with the City of Sterling policy.
3. I authorize the references 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 all parties from all liability for any damage that may result from furnishing same to you.
4. I understand that no representative of the City of Sterling has the authority to enter into any agreement for employment for any specific period of time, nor am I obligated to work for the City for any specified period of time.

Date _____ Signature _____

City of Sterling is an equal opportunity employer and abides by all laws including the American Disabilities Act.