



**CITY OF MORRIS**  
700 N. Division Street • Morris, Illinois 60450  
Phone (815) 942-0103 • Fax (815) 942-0216

**SUMMER HELP**  
Due to insurance purposes,  
employees of Public Works  
must be 18 years old by  
June 1<sup>st</sup>.

# APPLICATION FOR EMPLOYMENT

The City of Morris is an Equal Opportunity Employer and will consider applicants for all positions without regard to race, color, creed, national origin, ancestry, religion, age, sex, disability, marital status, military status, or other legally protected status.

(PLEASE PRINT)

Date \_\_\_\_\_, 20\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
No. Street City State Zip

Position(s) applied for **Summer Help: Public Works or Morris Pool**  
↑ Circle One ↑

Full-Time \_\_\_\_\_  
Part-Time \_\_\_\_\_ Specify days and hours \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_, 20\_\_

List any special experiences, skills, or qualifications which you feel make you an appropriate candidate for the position sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to leave your present position? \_\_\_\_\_

Note to Applicants: **Do not answer this question unless you have been informed about the requirements of the job for which you are applying.**

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation?  
(A job description for the position is attached.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

## EDUCATION

School	Name and Address of School	Course of Study	Did You Graduate	List Diploma or Degree
Elementary School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT HISTORY

**List below all present and past employment, beginning with the most recent.**

Name and Address of Company and Type of Business	From Mo/Yr	To Mo/Yr	Describe the Work you Performed	Reason for Leaving	Name of Supervisor
Telephone					
Name and Address of Company and Type of Business	From Mo/Yr	To Mo/Yr	Describe the Work you Performed	Reason for Leaving	Name of Supervisor
Telephone					
Name and Address of Company and Type of Business	From Mo/Yr	To Mo/Yr	Describe the Work you Performed	Reason for Leaving	Name of Supervisor
Telephone					
Name and Address of Company and Type of Business	From Mo/Yr	To Mo/Yr	Describe the Work you Performed	Reason for Leaving	Name of Supervisor
Telephone					
Name and Address of Company and Type of Business	From Mo/Yr	To Mo/Yr	Describe the Work you Performed	Reason for Leaving	Name of Supervisor
Telephone					
Name and Address of Company and Type of Business	From Mo/Yr	To Mo/Yr	Describe the Work you Performed	Reason for Leaving	Name of Supervisor
Telephone					
Name and Address of Company and Type of Business	From Mo/Yr	To Mo/Yr	Describe the Work you Performed	Reason for Leaving	Name of Supervisor
Telephone					

## REFERENCES

List at least five (5) persons able to confirm your qualifications for the position you seek.

Name and Occupation (Professional)	Address	Phone
1)		
2)		
3)		
Name and Occupation (Personal)	Address	Phone
4)		
5)		

**STATEMENT:**

I hereby certify that the information provided herein is true and complete to the best of my knowledge. I understand and agree that false or misleading information given in my application or interview(s) may disqualify me from further consideration for employment and/or may result in discharge if I am hired.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I further authorize the City of Morris to contact any references listed herein. I hereby release all parties providing information from any and all liability and/or claims for damages which may result from the release, disclosure, maintenance or use of the information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

DATE HIRED \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

HOURLY/YEAR RATE \_\_\_\_\_ CLAIMING \_\_\_\_\_ FEDERAL WITHHOLDING \_\_\_\_\_ STATE WITHHOLDING \_\_\_\_\_

DATE ENTERED INTO COMPUTER \_\_\_\_\_ APPROVED BY \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PERSONAL PHYSICIAN \_\_\_\_\_