



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

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 _____

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?
_____ 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					
Telephone					
Telephone					
Telephone					
Telephone					
Telephone					
Telephone					
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 _____