



If you require further accommodations to participate in the application or examination process, please contact Sesser City Hall at (618) 625-3611 by the closing date on the job announcement.

**PLEASE TYPE OR PRINT- ANSWER ALL QUESTIONS- USE INK ONLY**

An incomplete application may delay action or disqualify you.

Name \_\_\_\_\_

Last

First

Middle

Mailing Address \_\_\_\_\_

Apt. #

City

State

Zip Code

Phone Number \_\_\_\_\_

Home

Work

Cell

Last four (4) digits of your Social Security Number \_\_\_\_\_

Disclosure of the last four (4) digits of your social security number (SSN) is voluntary. The SSN is used to track your application and exam materials.

Are you between the ages of 18-70 years?  Yes  No

Email Address (optional) \_\_\_\_\_

*Please notify us if any of your contact information changes.*

**POSITION APPLYING FOR:** \_\_\_\_\_

**I learned of this job opening through (check all that applies):**

- City Employee (Name) \_\_\_\_\_
- Friend or Relative
- Channel 16
- Website
- Newspaper
- Other \_\_\_\_\_

**Type of work you will accept (check all that apply):**

- Full Time  Yes  No
- Part-time  Yes  No
- Seasonal  Yes  No
- Temporary  Yes  No

Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Provide a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. We will evaluate the information that you provide to determine which applicants will be invited to the examination/interview for this position.

## GENERAL INFORMATION

Have you ever been employed by the City of Sesser?  Yes  No Dates: From \_\_\_\_\_ To \_\_\_\_\_

Do you have relatives employed by the City?  Yes  No  
 (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

If yes, indicate (name, department): \_\_\_\_\_  
 \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Commercial driver's license number (if applicable): \_\_\_\_\_

List any other licenses and certifications you currently hold: \_\_\_\_\_  
 \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If no, would you be able to provide proof of authorization to work in the United States?  Yes  No

***Federal law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States.***

## EDUCATION AND TRAINING

	Name, City and State	Did you graduate?	Type of Degree	Course or Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED If no, highest grade completed _____	N/A	N/A
Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University		<input type="checkbox"/> Yes Graduation Mo. & Yr. _____ <input type="checkbox"/> No		

Have you completed an internship/apprenticeship?  Yes  No If yes, list \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Office machines you can operate: \_\_\_\_\_

Describe computer and other equipment operation skills. Include programs used, typing speed and other information relevant to the job for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_

List any special training or machine operation skills that you have gained from employment, training, experience as a volunteer, or through other means: \_\_\_\_\_  
 \_\_\_\_\_

List any foreign languages that you speak and/or comprehend: \_\_\_\_\_

Check the appropriate skill level

**Speak**  Fluent  
 Good  
 Fair

**Comprehend**  Fluent  
 Good  
 Fair

## EMPLOYMENT EXPERIENCE

LIST BELOW ALL THE JOBS YOU HAVE HELD IN THE PAST 10 YEARS BEGINNING WITH YOUR PRESENT OR LAST EMPLOYER. ACCOUNT FOR PERIODS OF UNEMPLOYMENT. ATTACH SUPPLEMENTARY PAGES OR USE WHITE PAPER.

Dates of employment (month-year) From _____ To _____		Exact Title or Position		
Starting Salary or earnings	Average hours per week	Name of employer (firm, organization, etc.)	Address of employer (including ZIP Code, if known)	
Final Salary or earnings	# Employees Supervised			
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)		
Reason for leaving				
Description of duties and accomplishments in your work				
Dates of employment (month-year) From _____ To _____		Exact Title or Position		
Starting Salary or earnings	Average hours per week	Name of employer (firm, organization, etc.)	Address of employer (including ZIP Code, if known)	
Final Salary or earnings	# Employees Supervised			
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)		
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Final Salary or earnings	# Employees Supervised			
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)		
Reason for leaving				
Description of duties and accomplishments in your work				

## MILITARY SERVICE RECORD

Have you ever been a member of the Armed Services of the U.S.A.?  Yes  No

If so, what branch of Service? \_\_\_\_\_ What was your rank? \_\_\_\_\_

Does your military experience have any relationship to the job for which you are applying? \_\_\_\_\_

## REFERENCES

Give name, address, and phone number of three persons, other than former employers or relatives,  
who have a definite knowledge of your work.

Name

Address

Phone

## AGREEMENT, CERTIFICATION AND AUTHORIZATION

(Please read carefully)

I certify that all statements made in this application are true, complete and correct to the best of my knowledge, and that any false statement shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employer(s) to provide to the City of Sesser representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the City of Sesser. I hereby release any current or former employer, its agents or employees, from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my wavier of liability, which are written above, are knowing, intelligent and voluntary acts.

I authorize schools and other educational and technical institutions which I have attended to release my scholastic ratings or records to the City of Sesser.

I hereby authorize the Sesser Police Department, the Illinois State Police and/or any other law enforcement agency to release any and all information relating to my criminal record to the City of Sesser. I agree to release all parties from liability for any damages that may result from furnishing the same to the City of Sesser. I further agree to hold harmless any law enforcement agency which provides criminal history information about me to the City of Sesser.

I am willing and understand employment with the City of Sesser is subject to passing a pre-employment physical examination, which may include drug and alcohol screening that are made by a Physician designated by the City of Sesser.

I understand that as a condition of employment and within three days of being employed, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

***Notice: All applications must be signed and dated in order to be accepted for consideration.***