



CITY OF SAVANNA
333 Chicago Ave, Savanna, IL 61074
O: 815-273-2251 F: 815-273-7260
www.savanna-il.us

Employment Application

Applicant Information

Full Name: _____ Date: _____

Address: _____
Street Address/City/State/Zip Code

Phone: _____ Email _____

Date Available: _____

Position Applied for: _____

Are you a citizen of the United States?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If not, are you authorized to work in the US?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a valid IL driver's license?

If no, explain why _____

Do you have a CDL license?

If yes, which classification? _____

Have you ever worked for the city of Savanna?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If yes, when? _____

Have you ever been convicted of a misdemeanor or felony?

If yes, explain: _____

Education

High School: _____ Address: _____

Did you graduate? YES NO

Diploma/GED: _____

College/Location: _____

Did you graduate? YES NO

Degree: _____

Other/Location: _____

Did you graduate? YES NO

Certificate: _____

References

Please list three (non-related) professional references.

Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in my application being rejected and, if I am employed; my employment may be terminated at any time. In consideration of my employment, I agree to conform to the City rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and within or without notice at any time, at either my or the city's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the City of Savanna.

Further, in addition, should the City of Savanna be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.

Signature: _____ Date: _____

The City of Savanna is an Equal Opportunity Employer – A Copy of This Application is Available Upon Request

****Please Attach Resume if Available****