

City of Rock Falls

603 West 10th Street Rock Falls, IL 61071

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO AGE, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR MILITARY STATUS.

APPLICATION FOR EMPLOYMENT

- FIRE FIGHTER APPLICATION
 POLICE OFFICER APPLICATION

DATE

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.	PHONE
PRESENT ADDRESS	CITY	STATE	ZIP CODE	LIVED THERE HOW LONG?
LAST PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	LIVED THERE HOW LONG?

ARE YOU 18 OR OLDER YES NO — If NO, hire is subject to verification that you are of legal minimum age.

POSITION(S) APPLIED FOR	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	RATE OF PAY EXCEPTED
HAVE YOU WORKED FOR THIS CITY BEFORE? <input type="checkbox"/> YES - IF SO WHEN <input type="checkbox"/> NO	HOW DID YOU LEARN ABOUT THE JOB YOU ARE APPLYING FOR?	
NAME RELATIVES/FRIENDS WORKING FOR US		
LIST SPECIAL SKILLS/MACHINERY YOU CAN OPERATE		

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:
 YES NO

ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?
 YES NO

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN:
 A felony conviction does not automatically disqualify you from employment.

EDUCATION (NAME AND LOCATION OF SCHOOL)	COURSE OF STUDY	NO. OF YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE, BUSINESS, OR OTHER			

WERE YOU IN THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	DATES OF DUTY	RANK AT DISCHARGE
LIST DUTIES AND SPECIAL TRAINING			

IN CASE OF EMERGENCY THE FOLLOWING PERSON SHOULD BE NOTIFIED		
NAME AND ADDRESS	RELATIONSHIP	PHONE

CONTINUED ON OTHER SIDE

PREVIOUS EMPLOYMENT (NAME AND ADDRESS)	DATE (MO. & YR.)		KIND OF WORK	WAGE		REASON FOR LEAVING
	FROM	TO		START	FINAL	
SUPERVISOR <input type="checkbox"/>						
SUPERVISOR <input type="checkbox"/>						
SUPERVISOR <input type="checkbox"/>						
SUPERVISOR <input type="checkbox"/>						

↑ WE WILL CONTACT YOUR PREVIOUS EMPLOYERS UNLESS YOU CHECK THE APPROPRIATE BOX.

REFERENCES			
List three people who are not related to you and who know your qualifications and fitness for the kind of job(s) for which you are applying. Do not list supervisors you listed above.			
FULL NAME OF REFERENCE	PRESENT BUSINESS OR HOME ADDRESS (Number, street, city, state and ZIP code)	TELEPHONE NUMBER(S) (Include area code)	BUSINESS OR OCCUPATION
1)			
2)			
3)			

I hereby certify that there are no willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical evaluation prior to appointment. That medical evaluation may include testing for drugs/narcotics, communicable diseases including the AIDS virus, and alcohol abuse. You will be required to give a thorough medical history and may be required to meet vision standards established by the municipality to which you are applying.