



•CITY OF HIGHLAND•

1115 Broadway
P.O. Box 218
Highland, IL 62249-0218

APPLICATION FOR EMPLOYMENT

THE CITY OF HIGHLAND IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with the City of Highland is governed on the basis of merit, competence, and qualifications and will not be influenced in any manner by race, age, color, sex, religion, sexual orientation, veteran status, national origin, marital status, mental or physical disability or any other legally protected status. Information regarding expunged juvenile records of adjudication or arrest are confidential and applicants should not disclose any such information as part of the application.

Position Applied For: _____

Date of Application: ____/____/____ ☐ Full-Time ☐ Part-Time ☐ Temp

First Name	Middle Initial	Last Name		
Mailing Address		City	State	Zip Code
Home Phone		Cell Phone		
E-mail		Linkedin		

What is the minimum salary you will accept? _____

Do you currently have any family members employed by the City of Highland? ☐ Yes ☐ No

Have you ever been employed by the City of Highland? ☐ Yes ☐ No

Have you graduated from high school or obtained a GED? ☐ Yes ☐ No

High School Name _____

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

LICENSURE

If you are certified, registered, or licensed to practice your profession or occupation, give name of association or licensing authority and certification, registration or license number.

Association or Licensing Authority

Certification, Registration, or License Number

Exp. Date

Have you ever had a license or certification suspended, censured, revoked or placed on probation; or is your license /certification currently under investigation?

☐ Yes ☐ No If yes, give details:

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

EMPLOYMENT

1. Employer		Work Performed
Address		
Telephone Number		
Job Title	Supervisor	
Reason for Leaving		
2. Employer		Work Performed
Address		
Telephone Number		
Job Title	Supervisor	
Reason for Leaving		
3. Employer		Work Performed
Address		
Telephone Number		
Job Title	Supervisor	
Reason for Leaving		

REFERENCES

1. Name	Relation
Company	Contact Info.
2. Name	Relation
Company	Contact Info.
3. Name	Relation
Company	Contact Info.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

A drug screen may be performed on all employees or upon reasonable suspicion, post-accident or return to duty, and on follow-up basis, and continued employment will be contingent upon negative results.

I understand that the City of Highland promotes a drug free work place and agree to random testing as the City deems necessary.

If offered employment, I understand that such an offer may be contingent upon a negative drug screen and results of state and federal criminal background screens.

I understand as a condition of continued employment with the City of Highland, all persons employed full-time, part-time or on a temporary or contracted basis shall file all State income tax returns and pay all State income taxes owed.

Applicant Signature

Date