



City of Canton

2 N. Main Street, Canton, IL 61520

309.647.0065

Application for Employment

Name: _____
Last First Middle Initial

Home address _____
Street City State Zip

Cell phone number _(____)_____

Email address _____

Position Applying For _____ Shift Preferred 1 ☐ 2 ☐ 3 ☐ any ☐

Seeking Full or Part Time? Full ☐ Part ☐

Have you ever been employed by the City of Canton? _____

JOB HISTORY

Starting with the most recent, provide the following employment information. Include full and part-time.

Employer _____	Phone number _____
Street Address _____	City _____ State _____ Zip _____
Job Title _____	Employed from ____/____/____ to ____/____/____
Name of Immediate Supervisor _____	and Phone Number (____) _____
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Summarize type of work performed and job responsibilities _____	

Employer _____	Phone number _____
Street Address _____	City _____ State _____ Zip _____
Job Title _____	Employed from ____/____/____ to ____/____/____
Name of Immediate Supervisor _____	and Phone Number (____) _____
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Summarize type of work performed and job responsibilities _____	

Employer _____ Phone number _____
 Street Address _____ City _____ State _____ Zip _____
 Job Title _____ Employed from ____/____/____ to ____/____/____
 Name of Immediate Supervisor _____ and Phone Number (____) _____
 May we contact for reference? Yes ☐ No ☐
 Summarize type of work performed and job responsibilities _____

Additional job positions can be listed on a separate page.

EDUCATIONAL BACKGROUND

List the schools you have attended.

HIGH SCHOOLS ATTENDED	COMPLETE ADDRESS	DATES ATTENDED	GRADUATED? YES/NO

COLLEGES ATTENDED	COMPLETE ADDRESS	DATES ATTENDED	GRADUATED? YES/NO

List any professional licenses or certifications you have _____

List any special training or skills you have _____

Do you have a valid driver's license in Illinois or any other state? Yes ☐ No ☐

Do you have a valid CDL license? Yes ☐ No ☐

REFERENCES

List the names and information of five adults **not related to you and not former employers**, who have known you for more than five years. All persons to whom you refer will be asked to appraise your character, experience, personality, work ethic, and other qualities.

Name	Complete address	Home or cell phone	Business phone
1.			
2.			
3.			
4.			
5.			

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents, to contact and obtain information from all references, employers, and educational institutions to verify the accuracy of the information provided by me in this application, resume, or job interview.

SIGNATURE

DATE

We consider all applicants for all positions without regard to race, color, religion, creed, gender, origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.