



# City of McHenry Application for Employment

Please return to:  
Office of Human Resources  
333 S. Green St.  
McHenry, IL 60050

The City of McHenry is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, sexual orientation, political affiliation, or the presence of a non-job related medical condition or handicap, or any other legally protected status.

Date of Application: \_\_\_\_\_ Position Desired: \_\_\_\_\_ Min. Salary Desired: \$ \_\_\_\_\_ Per \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ AM/PM E-mail Address: \_\_\_\_\_

Are you known to the school references or job references given in this application by another name?

Yes  No If yes, what name? \_\_\_\_\_

Have you ever filed an application or been employed here before?

Yes  No If yes, what date(s)? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment*  Yes  No

Date available: \_\_\_/\_\_\_/\_\_\_

Are you available: Full time Part time Temporary 1 2 3 shift Morning Afternoon Evening  
Dates Available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

Have you ever been found guilty of a crime other than a petty moving violation?  Yes  No

If yes, please explain: \_\_\_\_\_

## EDUCATIONAL INFORMATION

Type of School	Name & Mailing Address of School	Major	Circle Last Year Completed	Degree? (If yes, indicate degree)
High School			9 10 11 12	Yes No
College / University			1 2 3 4	Yes No
College / University			1 2 3 4	Yes No
Graduate			1 2 3 4	Yes No
Technical/ Business/ Trade School			1 2 3 4	Yes No
Other			1 2 3 4	Yes No

If you are not a high school graduate, have you passed the GED test?  Yes  No

List any correspondence courses, special courses, seminars, workshops, etc. that might relate to this position.

---



---

List any licenses or certificates relating to this position.

---



---

List any other skills/experience that relate to this position (typing, software skills, heavy machinery, etc.)

---



---

List professional, trade, business or civic activities or associations to which you belong. (Please exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

---



---

## EMPLOYMENT HISTORY

Please begin with your present or most recent employer and provide all the information requested. **"See resume" responses are not acceptable and will not be processed.** All boxes must be completed thoroughly and completely even if you attach a resume. Attach additional sheets if necessary.

If you are currently employed, may we contact your employer?  Yes  No

---

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Duties: \_\_\_\_\_

---

Reason for leaving: \_\_\_\_\_

---

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Duties: \_\_\_\_\_

---

Reason for leaving: \_\_\_\_\_

---

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Duties: \_\_\_\_\_

---

Reason for leaving: \_\_\_\_\_

## PROFESSIONAL REFERENCES

Please list three references that are familiar with your work history and experience. Do not list relatives, friends or personal references in this section.

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

Business relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

Business relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

Business relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Phone #: \_\_\_\_\_

---

## MILITARY SERVICE

List any military service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

---

## PERSONAL REFERENCES

Please list three references you are not related to and by whom you have not been employed. These individuals should have known you for several years.

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Phone #: \_\_\_\_\_

**NOTICE TO APPLICANTS**  
**PLEASE READ BEFORE SIGNING AND RETURNING THE APPLICATION**

I certify that the foregoing statements are true and complete. I understand that any misstatement or omission of fact shall be sufficient cause for denial of employment or summary dismissal at any time during my employment. I consent to investigation by the City of McHenry of all references and previous employers to secure additional information, including my disciplinary history, without further written notice to me, in order to arrive at an employment decision. I release from any and all liability all representatives of the City of McHenry for their acts performed in good faith in connection with evaluating my application, credentials, training and qualifications.

I understand that any offer of employment is contingent upon the satisfactory completion of a physical examination, drug and alcohol screening and investigation of my work record and references. I understand that if I am employed by the City of McHenry, my employment can be terminated by either the City or myself at-will, with or without cause, and with or without notice, at any time.

I understand also that I am required to abide by all rules and regulations of the employer.

---

APPLICANT SIGNATURE

---

DATE