

Taylorville Township Highway Department  
Application for Employment  
(An Equal Opportunity Employer)

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ Alternate # \_\_\_\_\_

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Position desired: \_\_\_\_\_

**Please complete all questions for employment consideration**

- Have you applied for employment with the Township before?  yes  no  
If yes, date and result \_\_\_\_\_
- Have you ever been employed with us before?.....  yes  no  
If yes, provide the date \_\_\_\_\_
- If you have relatives employed with us, list their name/relationship  
\_\_\_\_\_
- Are you currently employed? .....  yes  no
- May we contact your present employer? .....  yes  no
- Are you over 16? .....  yes  no
- Are you available to work: Full Time  yes  no (shift 1 2 3)  
Part Time  yes  no  
Temporary/seasonal  yes  no
- Date available to start: \_\_\_\_/\_\_\_\_/\_\_\_\_
- What is your desired salary range? \_\_\_\_\_
- If you would be engaged in any other work while in our employ, please explain  
\_\_\_\_\_
- If hired, can you demonstrate eligibility to work in the United States?  yes  no
- Have you ever been convicted, pleaded guilty, or pleaded "no contest" to any crime?  
 yes  no If yes, please explain: \_\_\_\_\_
- Has a former employer ever disciplined you for tardiness or absenteeism?  yes  no  
If yes, please explain: \_\_\_\_\_
- Would a former employer categorize your attendance as excellent?  yes  no  
If no, please explain: \_\_\_\_\_
- To the best of your knowledge, would you be able to perform all the essential functions of  
this position?  yes  no

Upon offer of employment, I agree to take a drug test at the Townships expense and realize that the offer of employment is contingent upon my test results being drug free.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated

### EDUCATIONAL BACKGROUND

SCHOOL	Name and Address of School	Course of study	Dates attended	Date of completion and Diploma/Degree
High School			N/A	
College or University				
Business or Trade				
Other (Specify)				

### WORK EXPERIENCE

Start with your present or last job. Include military service if applicable.

Employer:	Dates Employed From   To	Work Performed/Duties
Address:		
Phone numbers:	Hourly rate or Annual salary	
Starting/present job title:	Starting	
Supervisor:	Final	
Reason for leaving:		May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no
Other:		
*****	*****	*****
Employer:	Dates Employed From   To	Work Performed/Duties
Address:		
Phone numbers:	Hourly rate or Annual salary	
Starting/present job title:	Starting	
Supervisor:	Final	
Reason for leaving:		May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no
Other:		

*****			*****		*****		
Employer:	Dates Employed		Work Performed/Duties				
	From	To					
Address:							
Phone numbers:	Hourly rate or Annual salary						
Starting/present job title:	Starting						
	Final						
Supervisor:							
Reason for leaving:			May we contact this employer? [ ] yes [ ] no				
Other:							

*If you were employed under a different name in any of these positions, note your name under "other".*

**Comments: Include any gaps in employment**


**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**


**Describe any job-related training received in the United States military.**


**Specialized skills:**

List any additional skills and equipment knowledge as applicable to position.

<b>OFFICE</b>	
___ Personal Computer ___ Windows _____ ___ DOS _____ _____ _____	___ Network Computer List programs: _____ _____ _____
Note by degree of knowledge: (0=none to 5=extensive training)	
___ Word Processing ___ Publisher ___ Power Point ___ Excel ___ _____ ___ _____	___ Keyboard ___ WPM ___ Typewriter ___ WPM ___ Calculator _____ _____ _____
<b>HEAVY EQUIPMENT</b> Do you have a CDL License? [ ] yes [ ] no	
___ Front End Loader ___ Backhoe/Excavator ___ Motor Grader Other _____	___ Flagger Training ___ Surveying ___ Project Managment

**PERSONAL/PROFESSIONAL REFERENCES**

Do not include family members or past supervisors.

Name and address	Phone number	Best time to call	Occupation
1.			
2.			
3.			

**ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT**

Please read thoroughly before signing

*It is understood that this application is not an obligation of employment.*

I hereby authorize the company to investigate all references and former employment, and I release from liability those supplying such information. Upon offer of employment, I agree to take a drug test at the company's expense and realize that the offer of employment is contingent upon my test results being drug-free.

I will provide proof of my eligibility to work within 3 business days as required by "The Immigration Reform and Control Act of 1986".

I understand that the company can make no guarantee as to the numbers of hours that I may be assigned from week to week, and any reduction in hours can affect my compensation and benefits. I also understand that I may be required to change days off and scheduled hours on a temporary or regular basis in order to continue my employment. Also, I understand that the company reserves the right to transfer me, as business necessitates, and my continued employment may be predicated upon my acceptance of said transfer. I understand that evenings or weekends may be part of any schedule I may be assigned.

I understand that my employment is not governed by any written or oral contract and is considered an "at will" arrangement. I understand that I am free, as is the company, to terminate employment at any time for any reason, so long as there is no violation of applicable Federal or State law.

I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**DO NOT WRITE BELOW THIS LINE – FOR EMPLOYER USE**

Management Approval \_\_\_\_\_

Start Date \_\_\_\_\_ Exempt/Rate \_\_\_\_\_ Non-Exempt/Rate \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Position \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**