

APPLICATION FOR EMPLOYMENT

Greater Egypt Regional Planning and Development Commission

3117 Civic Circle Blvd., Suite A

Marion, IL 62959

Phone: (618) 997-9351

Fax: (618) 997-9354

AN EQUAL OPPORTUNITY EMPLOYER

Name _____

Last

First

Middle

Mailing Address _____

Apt. #

City

State

Zip Code

Phone Number _____

Are you at least 18 years of age? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require employer sponsorship for employment visa status? ☐ Yes ☐ No

Email Address: _____

Position applying for: _____

How did you learn about this position opening? _____

Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Provide a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. We will evaluate the information that you provide to determine which applicants will be invited to the interview for this position.

GENERAL INFORMATION

Have you been convicted of a crime or released from prison within the last 7 years: ☐ Yes ☐ No
If yes, please explain (a conviction record will not necessarily exclude you from consideration for employment)

Do you possess a valid driver's license? ☐ Yes ☐ No
List any other licenses and certifications you currently hold: _____

EDUCATION AND TRAINING

Have you graduated from High School or received a GED? ☐ Yes ☐ No

POST HIGH SCHOOL EDUCATION

	Name, City and State	Degree Earned	Specialization	From	To
College or University					
Post Graduate					
Other					

SPECIAL SKILLS AND QUALIFICATIONS

Describe computer and other equipment operation skills. Include programs used and other information relevant to the job for which you are applying: _____

List any special training or machine operation skills that you have gained from employment, training, experience as a volunteer, or through other means: _____

EMPLOYMENT EXPERIENCE

LIST BELOW ALL THE JOBS YOU HAVE HELD IN THE PAST 10 YEARS BEGINNING WITH YOUR PRESENT OR LAST EMPLOYER. ACCOUNT FOR PERIODS OF UNEMPLOYMENT. ATTACH SUPPLEMENTARY PAGES OR USE WHITE PAPER.

Dates of employment (month-year) From _____ To _____		Exact Title or Position	
Average hours per week	Name of employer (firm, organization, etc.)	Address of employer (including ZIP Code, if known)	
# Employees Supervised			
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)	
Reason for leaving			
Description of duties and accomplishments in your work			
Dates of employment (month-year) From _____ To _____		Exact Title or Position	
Average hours per week	Name of employer (firm, organization, etc.)	Address of employer (including ZIP Code, if known)	
# Employees Supervised			
Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)	
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Name of Immediate Supervisor/ Area Code & Phone Number		Kind of business or organization (manufacturing, accounting, etc.)	
Reason for leaving			
Description of duties and accomplishments in your work			

REFERENCES

Give name, address, and phone number of three persons, other than former employers or relatives, who have a definite knowledge of your work.

Name	Address	Phone

AGREEMENT, CERTIFICATION, AND AUTHORIZATION

I certify the information provided is true and complete. I understand that any offer of employment may be contingent upon verification of information provided, successful completion of any background check, drug screen, medical examination, or other post-offer requirements applicable to the position and permitted by law. I understand that, if hired, I must provide documentation verifying my identity and authorization to work in the United States as required by federal law. Nothing in this application creates an employment contract. If hired, employment is at will unless otherwise provided by law or written agreement.

Signature of applicant

Date of application