

3939 Nearing Lane / Decatur, IL 62521 / 217-423-7708

# **Employment Application**

All sections of this application must be completed even if a resume is attached.

### **Personal**

Name:				
LAST	FIRST		M.I.	
Present address:	_			
STREET	C	ITY	STATE	ZIP
Telephone:	Other phone/email address:			
Position(s) applying for:				
	Г	Regular	☐ Full-time	
Salary/wage desired: \$		Seasonal	□ Part-time	
Have you worked for us before? OYES / NOO	If	yes, when?		
List any relatives/friends working for us:				
Can you perform the essential functions of the job accommodation? YES / NO			ne:	
How were you referred to the Macon County Cons	servation Dist	rict?		
☐ Advertisement (Give name of publicati	on:			)
☐ Bulletin (Location where you saw it pos				
☐ Other (Please explain:				)
Are you legally authorized to work in the United State you below the age of 18? YES / NO	tates? <b>\</b> YES	/ NO()		
If the job for which you are applying requires drividriver's license? YES / NO	ng a district v	ehicle, do you p	ossess a valid	

#### AN EQUAL OPPORTUNITY EMPLOYER

# **Education**

	Name and Location of School	Date	Major Subject and	Degree or	
		Attended	Number of Years	Certificate	
		From / To	Completed	Earned	
High School					
College(s)					
Business,					
Technical,					
or Certificate					
Programs					
		1			
Professional reg	istrations, license and/or certificate	es and date receiv	ed:		
Additional traini	ng/skills that relate to the position:				
Additional Halli	וו <u>א</u> אוווא נוומג וכומנכ נט נוופ מטאנוטוו.				
	itions, clubs, societies, or profession	nal memberships	which relate to the job for w	vhich you are	
applying:					
Military Servi	ce Record				
Have you served	I in the U.S. Armed Forces? YES	/ NO Brand	ch <u>:</u>	_	
Enlistment date	:	Discharge date			
Emistrient date.	·	Discharge udte.		<del>_</del>	
What special military training did you receive that would relate to the job for which you are applying?					

### All sections of this application must be completed even if a resume is attached

# **Employment History**

Beginning with your current or most recent employer, please complete this section as accurately as possible.

Firm name:			Location:	
From: MO/YR	To:	MO/YR	Hours per week:	
Describe your duties:				
Reason for leaving:				
Supervisor's name:			Telephone:	May we contact? OYES / NO
Firm name:			Location:	
From: MO/YR	To:	MO/YR	Hours per week:	
Job title:				
Describe your duties:				
Reason for leaving:				
				May we contact? YES / NO
supervisor's flame.			тетернопе.	
Firm name:			Location:	
From:	To:		Hours per week:	
MO/YR		MO/YR		
Job title:				
Describe your duties:				
Reason for leaving:				
Supervisor's name:				May we contact? YES / NO
JUNEINION S HAIHE.			I EIENHUHE.	IVIAV WE CUITALLIL MES / NUL

References					
List the names of two persons who know your character, ability, or experience and have known you for at least two years. For example, current or former co-workers, neighbors. <b>Please do not list relatives.</b>					
Name	Relationship	Telephone number			
Applicant Comments					
and that any individual who is hany time. I understand that any	ent application and any other District documen ired may voluntarily leave employment, and may oral or written statements to the contrary are y prospective or existing employee.	ay be terminated by the District at			
I hereby authorize the District to sources to determine my fitness	o make all reasonable inquiries of current and p for hire.	previous employers and other			

DATE

The information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered grounds for dismissal.

SIGNATURE

Thank you for completing this form and for your interest in the Macon County Conservation District. All qualified applicants will be considered for employment without regard to race, color, age, sex, religion, national origin, ethnic identity, disability, marital status or veteran status.