

# APPLICATION FOR EMPLOYMENT

## Massac County Highway Department

2736 North Avenue, Metropolis, IL 62960 Phone: (618) 524-5227 Fax: (618) 524-5921



The MASSAC COUNTY HIGHWAY DEPARTMENT is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, natural origin, nationality, ancestry, age, sex, or any other protected classification.

Date of Application: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Permanent Residence Number and Street

Social Security No.: \_\_\_\_\_

\_\_\_\_\_  
City State Zip County

If your present address above is less than (3) years, provide former address

Home Phone: \_\_\_\_\_

Former Address: \_\_\_\_\_  
Permanent Residence Number and Street

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
City State Zip County

E-Mail: \_\_\_\_\_

### POSITION INFORMATION

Position Applying For: \_\_\_\_\_

Type of Employment:  Full Time  Part Time

Would you be interested in temporary employment? Yes  No

### GENERAL INFORMATION

Are you a U.S. Citizen?  Yes  No

Can you provide proof of citizenship or authorization to work in the U.S. upon employment?  Yes  No

Have you ever been employed by Massac County?  Yes  No If Yes, Dates: \_\_\_\_\_

Are you related to anyone working at Massac County?  Yes  No

If Yes, indicate the relationship: \_\_\_\_\_

Have you ever been discharged or asked to resign from any employment?  Yes  No

If Yes, explain: \_\_\_\_\_

Are you a Veteran?  Yes  No Branch of Service: \_\_\_\_\_

Duties/Special Training: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT (CONTINUED)**

Applicant Name: \_\_\_\_\_

**REQUIREMENTS**

**DRIVERS LICENSE**

Do you have a valid IL Driver's License?  Yes  No License No: \_\_\_\_\_

Do you have a valid IL Commercial Driver's License (CDL)?  Yes  No Class: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Has your Driver's License ever been suspended?  Yes  No If yes, give dates and reason: \_\_\_\_\_

**EQUIPMENT OPERATION SKILLS AND TRAINING**

Describe your experience for operation of CONSTRUCTION and/or HEAVY EQUIPMENT, including years' experience for each and special skills or training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Did you graduate High School or obtain a GED?  High School Diploma  GED

High School Attended and State (or GED State): \_\_\_\_\_

What was the highest level of education completed after High School?

Technical or Vocational School  Undergraduate College  Graduate College

Name of School and Location: \_\_\_\_\_

Degree or education received: \_\_\_\_\_

Field of Study: \_\_\_\_\_

**OTHER LICENSES AND CERTIFICATIONS**

List any other LICENSES or CERTIFICATIONS held that are relevant to the position you are applying for and include all pertinent information including the issuing authority, license number, date issued, expiration date, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR EMPLOYMENT (CONTINUED)**

Applicant Name: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Starting with your present or most recent employment, list your employment history for the past ten years.

---

Employer	Name of Supervisor	Telephone No.	
<hr/>			
Address (number and street)	City	State	Zip Code
<hr/>			
Job Title	Employed From (Month/Year)	Employed To (Month/Year)	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time _____	Final Salary or Wage: _____	
Job Duties: _____			
<hr/>			
Reason for Leaving: _____			
<hr/>			
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

---

Employer	Name of Supervisor	Telephone No.	
<hr/>			
Address (number and street)	City	State	Zip Code
<hr/>			
Job Title	Employed From (Month/Year)	Employed To (Month/Year)	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time _____	Final Salary or Wage: _____	
Job Duties: _____			
<hr/>			
Reason for Leaving: _____			
<hr/>			
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

---

Employer	Name of Supervisor	Telephone No.	
<hr/>			
Address (number and street)	City	State	Zip Code
<hr/>			
Job Title	Employed From (Month/Year)	Employed To (Month/Year)	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time _____	Final Salary or Wage: _____	
Job Duties: _____			
<hr/>			
Reason for Leaving: _____			
<hr/>			
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**APPLICATION FOR EMPLOYMENT (CONTINUED)**

**Applicant Name:** \_\_\_\_\_

**REFERENCES**

Provide the names and contact information for three people (no relatives) that have known you for at least five years, who can attest to your character, job skills, knowledge and abilities.

1. Name: \_\_\_\_\_  
Occupation Telephone No.

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

2. Name: \_\_\_\_\_  
Occupation Telephone No.

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

3. Name: \_\_\_\_\_  
Occupation Telephone No.

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

**MEDICAL HISTORY**

Do you have any medical or physical condition which may limit your ability to perform the job for which you are applying?

Yes  No

If Yes, explain in detail: \_\_\_\_\_  
\_\_\_\_\_

Have you had a major illness, injury, or other medical condition within the last ten years that required surgery or other therapy for recovery?

Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Have you ever received compensation for injuries?  Yes  No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

**UNDERSTANDING AND ACCEPTANCE**

I certify that all the information provided by me in connection with my application is true and complete. I understand that any misstatement, falsification, or omission of information shall be grounds for disqualification for employment, or if hired, termination. I understand that, as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I also understand that, as a condition of employment, I will be required to hold a current Class A Commercial Driver’s License and follow the Massac County Highway Department Substance Abuse and Contraband Policy and pass pre-employment drug screen as well as random drug screens throughout employment. I authorize Massac County to contact any of the persons or organizations referenced in this application. I authorize references to give Massac County all information concerning previous employment, education, job skills, or any other pertinent information they might have with regard to any of the subjects covered by this application

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date