



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

CITY

STATE

ZIP

Telephone:

Other phone/email address:

Position(s) applying for:

Salary/wage desired: \$ \_\_\_\_\_

Regular

Full-time

Seasonal

Part-time

Have you worked for us before? YES / NO

If yes, when? \_\_\_\_\_

List any relatives/friends working for us: \_\_\_\_\_

Have you used another last name in which your educational or employment records are filed? YES / NO

If yes, please provide name: \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? YES / NO

How were you referred to the Macon County Conservation District?

Advertisement (Give name of publication: \_\_\_\_\_)

Bulletin (Location where you saw it posted: \_\_\_\_\_)

Other (Please explain: \_\_\_\_\_)

Are you legally authorized to work in the United States? YES / NO

Are you below the age of 18? YES / NO

If the job for which you are applying requires driving a district vehicle, do you possess a valid driver's license? YES / NO

**AN EQUAL OPPORTUNITY EMPLOYER**

**Education**

	Name and Location of School	Date Attended From / To	Major Subject and Number of Years Completed	Degree or Certificate Earned
High School				
College(s)				
Business, Technical, or Certificate Programs				

Professional registrations, license and/or certificates and date received:

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Additional training/skills that relate to the position:

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List any organizations, clubs, societies, or professional memberships which relate to the job for which you are applying:

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**Military Service Record**

Have you served in the U.S. Armed Forces? YES / NO      Branch: \_\_\_\_\_

Enlistment date: \_\_\_\_\_      Discharge date: \_\_\_\_\_

What special military training did you receive that would relate to the job for which you are applying?

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### Employment History

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

Firm name: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
MO/YR MO/YR

Job title: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Supervisor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_ May we contact? YES / NO

Firm name: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
MO/YR MO/YR

Job title: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Supervisor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_ May we contact? YES / NO

Firm name: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
MO/YR MO/YR

Job title: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Supervisor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_ May we contact? YES / NO

Additional comments may be written on the next page

**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. **Please do not list relatives.**

Name	Relationship	Telephone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Applicant Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that this employment application and any other District documents are not contracts of employment and that any individual who is hired may voluntarily leave employment, and may be terminated by the District at any time. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I hereby authorize the District to make all reasonable inquiries of current and previous employers and other sources to determine my fitness for hire.

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 DATE

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.