

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST.)

DATE: MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				

REFERENCES GIVE BELOW THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITION THAT WOULD PRECLUDE YOU FROM PERFORMING ANY WORK, WITH OR WITHOUT REASONABLE ACCOMMODATION, THAT IS REQUIRED FOR THE JOB CONSIDERED? Yes No

IF SO, EXPLAIN.

IN CASE OF
EMERGENCY NOTIFY

NAME ADDRESS PHONE No.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATIONS OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED Yes No FOR DEPT. POSITION START DATE SALARY WAGES

APPROVED:

H.R. DIRECTOR INITIALS: DATE: DEPT. HEAD INITIALS: DATE: CITY ADMINISTRATOR INITIALS: DATE:

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included ONLY where needed to determine a bona fide occupational qualification or for any other permissible purposes. Such questions are appropriately noted on the application. Notwithstanding these efforts, the City of Oak Forest does not assume responsibility and hereby disclaims any liability for inclusion in this form of any questions upon which a violation of State and Federal fair employment practice laws may be based.