Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information					DATE				
NAME (LAST NAME FIRST)						SOCIAL SECURITY NO.			
PRESENT ADDRESS	SENT ADDRESS			CITY		STATE		CODE	
PERMANENT ADDRESS			CITY	CITY		STATE		CODE	
PHONE NO.	E NO. SECONDARY F			HONE NO.		REFERRED BY			
Employment Desired									
POSITION	y The Lay			CAN START	Set Ious	SAL	ARY DESIRED	3-1	
ARE YOU EMPLOYED NOW?	YES	NO	IF SO, MAY WE	INQUIRE OF	YOUR PRESE	NT EMPLOYER?	YE	s No	
EVER APPLIED TO THIS COMPANY BEFORE? YES	NO	WHERE		ji e li		WHEN	att and	17 11	
Education History	періга	C 5170 1 1	shiyung illy ige t	imou sal	n fatel et	Tim Street	and partition	and the second	
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COLLEGE									
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL		5.5	ni chili des	5 1 2 1 1 1 1 1	talà av	_			
General Information									
SUBJECT OF SPECIAL STUDY/RESEARCH WORK			3		May-	AT .			
SPECIAL TRAINING					-				
SPECIAL SKILLS									
U.S. MILITARY OR NAVAL SERVICE				R	ANK	-			
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Luthorization certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if er slisfied statements on this application shall be grounds for dismissal. authorize investigation of all statements contained herein and the references and employers listed above to give you any a mandation concerning my previous employment and any pertinent information fiber may have, personal or otherwise, and relompany from all liability for any damage that may result from utilization of such information. also understand and agree that no representative of the company has any authority to enter into any agreement for employmence pecified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized or presentative. It is waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americ is abilities Act (ADA) and other relevant federal and state laws. understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such regarded, I understand that, in compliance with federal alw, the company will provide me with a written notice regarding the use sports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a pository or conviction will not automatically result in disqualification from employment." In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and lete the required employment eligibility verification document form upon hire. In the SIGNATURE Do Not Write Below This Line NTERVIEWED BY CHARACTER ABILITY	YEARS KNOWN	BUSINESS		ADDF	PRCES (GIVE BELOW THE NAMES OF TO NAME	
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This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

GENERAL MANAGER

DEPARTMENT HEAD

EMPLOYMENT MANAGER

City of Gibson City CITY OF GIBSON CITY EMPLOYEES 101 East Eighth Street Gibson City, IL 60936 217-784-5872 AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

	hereby authorize a review of and ful	
of all records concerning myself to any d		ibson City,
whether the said records are of a public,	private, or comidential nature.	
The intent of this authorization is to give records of educational institutions; finance loans, the records of commercial or retain ratings); and other financial statements we treatments and/or consultation, including U.S. Veteran's Administration; employed background reports, efficiency ratings, cannot the records and recollections of attorner representing me or another person in any presently have or have had an interest; as law enforcement agency, to include but it	cial or credit institutions, including redit reported to agencies (including credit reported) therever filed; medical and psychiatry hospitals, clinics, private practitioned then and pre-employment records, incomplaints or grievances filed by or agrees at law or other counsel, whether case, either criminal or civil, in which and any records of a police department.	ecords of corts and/or cic cors, and the cluding gainst me ch I cor other
I understand that any of the information investigation, which is developed directly authorization will be considered in determined that a concerning me shall not be held accountable release said person(s) from any and all lifturnishing such information. I further reliability, which may be incurred as a rest	y or indirectly in whole or part, upon mining my suitability for employmer ny person(s) who may furnish such in able for giving this information; and ability which may be incurred as a re- clease the City of Gibson City from a	this release at by the aformation I do hereby esult of
A photocopy of this release form will be photocopy does not contain an original v		ough the said
I have read and fully understand the con RELEASE OF PERSONAL INFORMA		R
(Signature, including maiden name)	(Notary Public Signature)	(Date)
Address	City	_ State
County Zip	Phone	
Date of Birth	Social Security Number	
Driver's License Number and State		