

# CITY OF MONMOUTH

## APPLICATION FOR EMPLOYMENT

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or disability, or any other legally protected status.*

Position Applied for: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Yes No

Are you legally eligible for employment in the United States? ☐ ☐

Have you received a high school diploma or GED? ☐ ☐

Do you have any relatives employed by the City? ☐ ☐ If yes, Who: \_\_\_\_\_ Relation: \_\_\_\_\_

Have you ever applied with the City before? ☐ ☐ If yes, when/for what position? \_\_\_\_\_

Are you currently employed? ☐ ☐ \_\_\_\_\_

If employed, may we inquire with your employer? ☐ ☐

Are you currently on "lay-off" status and subject to recall? ☐ ☐

### EDUCATION

Name/Location of School	#Years	Date Graduated	Major/Minor	Degree/GPA
Elementary _____			N/A	N/A
High School _____				
College _____				

**EDUCATION** (Cont'd)

Name/Location of School	#Years	Date Graduated	Major/Minor	Degree/GPA
College _____	_____	_____	_____	_____

Other Training \_\_\_\_\_

\_\_\_\_\_

List any professional licenses or certificates you hold or have held.

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE** *If Applicable – Optional*

Branch: \_\_\_\_\_ From: \_\_\_\_\_ to Discharge Date \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** Please list below your last four employers, starting with the most recent

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE (Cont'd)**

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES** List 5 persons not related to you, whom you have known for at least one year and have or will provide a letter of reference appraising your character, experience, and other qualities appropriate to the position applied for.

Name	Phone	Address	Business	Years Known	Relationship
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

**RECORD OR CONVICTIONS** This section should only be filled out if applying for a security-sensitive position such as an officer or firefighter. Please include any arrests in the last 5 years and any traffic citations received in the last 12 months.

Date	Location	Type of Offense	Sentence
1.			
2.			
3.			
4.			
5.			

I, the undersigned, affirm that the information given by me on this application is true and correct and I hereby acknowledge that falsification of any part of this application may result in denial of employment or discharge after employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **SAMPLE-To be signed on date of hire**

## **EMPLOYMENT/REIMBURSEMENT AGREEMENT**

TO: The City of Monmouth

FROM: Ima Sample, Firefighter

FOR AND IN CONSIDERATION of the covenants and agreements of my employment as a police officer with the City of Monmouth and other good and valuable considerations, the undersigned newly appointed police officer does hereby covenant and agree to reimburse the City of Monmouth for the following costs and expenses incurred as the result of my employment should that employment terminate voluntarily at my option or choice within two (2) years from the date of my employment:

1. All expenses of the Fire Training Institute expended on my behalf; and
2. Costs expended from uniform purchases on my behalf; and
3. Costs expended for medical employment tests on my behalf.

I AGREE to reimburse these costs to the City within six (6) months of the effective date of the voluntary termination of my employment. If not paid within said six months, I agree to pay the court costs and reasonable legal fees incurred by the City of Monmouth in collection of the amounts to be reimbursed.

SIGNED: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

I hereby agree to abide by all the Rules and Regulations of the Board of Fire and Police Commissioners of the City of Monmouth, governing the administration of any written, physical or other examination to determine my fitness and qualifications for employment.

These Rules and Regulations have been made available for me to read at the offices of Monmouth Department of Public Safety.

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Signature

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Printed Name

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Date

I, the undersigned, understand that all written testes and the results of all written or other tests or examinations thereof are and remain the property of the City of Monmouth Board of Fire and Police Commissioners and are not subject to examination by me.

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Signature

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Printed Name

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Date

**WAIVER/RELEASE OF LIABILITY**  
**APPLICANT FOR PUBLIC EMPLOYMENT**

AGREEMENT made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between

\_\_\_\_\_, an applicant for employment as a police officer or firefighter, with the Monmouth Police Department or Monmouth Fire Department of the City of Monmouth, Illinois, (the "Applicant") and the City of Monmouth, Illinois; its Board of Fire and Police Commissioners; the City's and the board of Fire and Police Commissioners' employees, agents, representatives and assigns (specifically any testing agency employed by the City of its Board of Fire and Police Commissioners)(hereinafter collectively referred to as the "City"),  
witness:

Whereas, Applicant has applied of the City for employment as a police officer or firefighter; and,

Whereas, the City is required to subject the Applicant to a competitive testing process; and,

Whereas, the Applicant has agreed to submit to a variety of examinations including a written examination, physical ability/agility, oral interviews, medical examinations and such other examinations, and to undergo a thorough background investigation, as deemed appropriate by the City; and,

Whereas, both parties hereto, agree that the examination process is conducted for the purpose of obtaining well-qualified individuals to fill the position sought by the Applicant, the parties hereto agree as follows:

Applicant, in consideration of the payment, by the City, of the fees associated with the conduct of examinations to be taken by the Applicant, hereby agrees to waive any claims the applicant may now have or may have in the future (specifically including any claim as to personal injury and/or damages) arising from Applicant's participation in any examination (specifically including a physical ability/agility examination) or background investigation conducted by or for the City as part of its pre-employment screening process for the position of police officer or firefighter. The Applicant further states that this waiver is given voluntarily and with the knowledge that the Applicant is waiving any and all liability the City may incur as to the Applicant resulting from the Applicant's participation in the pre-employment screening process. The Applicant specifically waives the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS, 40/7(1). The Applicant also acknowledges that the Applicant had the opportunity to discuss the import of this Waiver with legal counsel of the Applicant's own choosing.

Witness our hands and seals the day and year above written.

APPLICANT

CITY OF MONMOUTH, ILLINOIS  
BOARD OF FIRE AND POLICE COMMISSIONERS

\_\_\_\_\_  
**Applicant signature**

By: \_\_\_\_\_  
**It's Chairman/Secretary**