

Date Received Application File

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

It is the express policy of the Village of Wilmette to consider all applicants for employment without regard to race, color, religion, sex, age, physical disability, political affiliation, or national origin.

PERSONAL

Please Type or Print

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number (Home) _____ (Work) _____
Area Code Number Area Code Number

Social Security Number _____

Are you an U.S. citizen or an alien legally authorized to work in the United States? Yes _____ No _____

If the position you are applying for requires a Driver's License, please state if you have a valid Driver' License. _____

Is it issued to Illinois? _____

Do you have any friends or relatives who are currently employed by the Village of Wilmette? _____

If yes, list names and relationship. _____

REFERRAL SOURCE

Job advertisement (indicate what source) _____ Friend _____ Other _____

Today's date _____

Type of work or exact title of job you are seeking _____

Applying for: Full-time _____ Part-time _____ Seasonal _____ (Check all that apply)

EMPLOYMENT HISTORY

List your previous (3) employers, including any Military service. Begin with your current or most recent employer.

Employer _____ Telephone _____

From _____
Month Year

Address _____

To _____
Month Year

Supervisor's Name and Title _____

Full Time
Part Time
Hours per week _____

Your Title _____

Last Salary _____

Your Duties _____

May we contact this employer?

Reason for Leaving _____

Yes _____ No _____

Employer _____ Telephone _____

From _____
Month Year

Address _____

To _____
Month Year

Supervisor's Name and Title _____

Full Time
Part Time
Hours per week _____

Your Title _____

Last Salary _____

Your Duties _____

May we contact this employer?

Reason for Leaving _____

Yes _____ No _____

Employer _____ Telephone _____

From _____
Month Year

Address _____

To _____
Month Year

Supervisor's Name and Title _____

Full Time
Part Time
Hours per week _____

Your Title _____

Last Salary _____

Your Duties _____

May we contact this employer?

Reason for Leaving _____

Yes _____ No _____

Have you ever worked for the Village of Wilmette? _____

If yes, when and for what department? _____

Have you been convicted of any violations of the law since your 16th birthday? **(Do not include violations for which you were fined \$50 or less. You are not required to disclose records of arrests or convictions that have been sealed or expunged by a court.)** Yes _____ No _____

If yes, list all such cases on a separate sheet and state the nature of the offense or violation and the penalty imposed (if any), or other disposition of the case. **(Note: Conviction will not automatically exclude you from employment consideration.)**

Are or were you a member of any branch of the U.S. armed forces (including reserves or National Guard)? _____

If yes, please indicate:

The branch of the armed forces of which you were or are a member _____

Nature of duties _____ Rank _____

Date entered _____

Date Discharged (if applicable) _____ Type of Discharge (if applicable) _____

EDUCATION, TRAINING AND EXPERIENCE

School	Name/Address	No. of years/ Credit Hours	Did you Graduate?	Degree/ Diploma
High School				
College				
Vocational/ Business				
Other/ Higher Education				

List any correspondence courses, seminars, workshops, training sessions, etc., that might relate to the type of work or

Position for which you are applying: _____

List any relevant courses in which you are currently enrolled: _____

Please list any other experiences or training that you feel may especially qualify you for employment with the Village:

BUSINESS REFERENCES

List below the names of three (3) persons, not related to you, whom you have known for at least one year. Unless noted otherwise, the Village reserves the right to contact the references at any time.

NAME	ADDRESS	DAYTIME PHONE	YEARS ACQUAINTED
1.			
2.			
3.			

PERSONAL REFERENCES

List below the names of three (3) persons, not related to you, whom you have known for at least one year. Unless noted otherwise, the Village reserves the right to contact the references at any time.

NAME	ADDRESS	DAYTIME PHONE	YEARS ACQUAINTED
1.			
2.			
3.			

Certification and Authorization by Applicant

PLEASE READ THIS CAREFULLY AND BE SURE YOU FULLY UNDERSTAND IT BEFORE SIGNING.

I certify that all information provided by me on this Application is true and complete to the best of my knowledge, and that I have not withheld any information that would, if disclosed, affect this application unfavorably. I understand that if I have provided any false, misleading or incomplete information in this application I may be denied employment or terminated from employment with the Village at any time, including after any period of probation, regardless of when the Village discovers my false, misleading or incomplete statement.

I authorize the Village and its officers and employees to investigate and verify any information I have provided in this Application and/or other materials that I have submitted with it, to obtain any records of criminal conviction(s) concerning me, to contact and obtain information on academic, work, attendance or disciplinary history, references and any other information from my prior employers or schools I have attended. I also authorize any prior employer, reference, school or other individual or entity that I have listed in this Application to provide any of this information to the Village. I agree to waive any claim or action in law or equity and release from any claim of liability by me whatsoever, the Village of Wilmette, its officers, agents and employees, and the any of the persons or entities listed by me on this application and their officers, agents and employees, arising from the investigation, verification, or providing of information authorized or requested pursuant to my application for employment with the Village.

I understand that I may be required as a condition of employment to submit to a pre-employment drug and/or alcohol test, physical examination (depending on position sought) and/or a job-related ability test(s), and I hereby consent to such tests as may be required to make a decision on my employment.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE CERTIFICATION AND AUTHORIZATION, AND FULLY UNDERSTAND IT PRIOR TO AFFIXING MY SIGNATURE BELOW.

Date

Your Signature