

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status. (PLEASE PRINT BELOW)

Position(s) Applied For		Date			
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Referred by: _____			
Last Name		First Name	Middle Name		
Address	Number	Street	City	State	Zip Code
Telephone Number			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

If Yes, please explain \_\_\_\_\_

# EDUCATION

	HIGH SCHOOL				UNDERGRADUATE COLLEGE/UNIVERSITY				GRADUATE/ PROFESSIONAL			
SCHOOL NAME AND LOCATION												
YEARS COMPLETED	9	10	11	12	1	2	3	4	1	2	3	4
DIPLOMA/DEGREE												
DESCRIBE COURSE OF STUDY												
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES												
DESCRIBE ANY HONORS YOU HAVE RECEIVED												
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION												

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND / OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

# REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you a military veteran?  Yes  No

Have you ever had any job-related training in the United States military?  Yes  No  
 If yes, please describe \_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed From - To	Work Performed
Address	City State Zip	
Telephone Number(s)	Hourly Rate/Salary Starting - Final	
Job Title	Supervisor	
Reason For Leaving		

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Reason For Leaving		

If you need additional space, please continue on a separate sheet of paper.

**Summarize Special Skills and Qualifications**

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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

\_\_\_\_\_ Date

Notes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

COMPANY _____	ADDRESS _____
CITY _____ STATE _____	TELEPHONE _____
POSITION _____	SUPERVISOR _____
DATES WORKED FROM: _____	TO: _____
WAGE: _____	REASON FOR LEAVING: _____
WORK PERFORMED: _____	

COMPANY _____	ADDRESS _____
CITY _____ STATE _____	TELEPHONE _____
POSITION _____	SUPERVISOR _____
DATES WORKED FROM: _____	TO: _____
WAGE: _____	REASON FOR LEAVING: _____
WORK PERFORMED: _____	

COMPANY _____	ADDRESS _____
CITY _____ STATE _____	TELEPHONE _____
POSITION _____	SUPERVISOR _____
DATES WORKED FROM: _____	TO: _____
WAGE: _____	REASON FOR LEAVING: _____
WORK PERFORMED: _____	

COMPANY _____	ADDRESS _____
CITY _____ STATE _____	TELEPHONE _____
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DATES WORKED FROM: _____	TO: _____
WAGE: _____	REASON FOR LEAVING: _____
WORK PERFORMED: _____	

## **Summarize Special Skills and Qualifications**

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# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with the Village of Chicago Ridge is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of the Village.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

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Interviewer \_\_\_\_\_ Date \_\_\_\_\_

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Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date

Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_