



# Village of University Park

## Application for Employment

Equal Opportunity Employer

Human Resources Department  
44 Town Center Drive  
University Park, IL 60484  
(708) 534-6451

Website: [university-park-il.com](http://university-park-il.com)

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ (street) \_\_\_\_\_ (apt #) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Telephone: ( ) \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_ Call in confidence

Are you 18 years of age or older?  Yes  No

Are you authorized to work in the United States?  Yes  No

U.S. Armed Forces Service?  Yes  No Duties: \_\_\_\_\_

Active-Duty Period From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

Reserves Period From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

If the job you are applying for requires driving a vehicle, do you possess a valid Illinois driver's license?  Yes  No

If yes, indicate Driver's License Number: \_\_\_\_\_

Is your license currently or has it ever been revoked, suspended or restricted?  Yes  No

Please explain: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position(s) currently applying for: 1.) \_\_\_\_\_ Dept.: \_\_\_\_\_  
2.) \_\_\_\_\_ Dept.: \_\_\_\_\_

What kind of work schedule are you available to work?

Full-time  Part-time  Temporary  On-call  Seasonal

Shift: \_\_\_\_\_ Date you can start?: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you available to work weekends when required by the position you have applied for?  Yes  No

Have you ever been employed with University Park?  Yes  No

If Yes: Dates: \_\_\_\_\_ - \_\_\_\_\_ Dept.: \_\_\_\_\_ Name if different than above: \_\_\_\_\_  
(From) (To)

List any relatives currently employed within the department in which you are applying: \_\_\_\_\_

### EDUCATION

NAME OF HIGH SCHOOL, COLLEGE, TRADE, OR TECHNICAL SCHOOLS	CITY AND STATE	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE RECEIVED/CERTIFICATIONS
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any skills, abilities, hobbies, training, etc. which you feel may be an asset. (Example: business machines, volunteer work, additional languages, word processing, clerical, etc.): \_\_\_\_\_

Please list any license, registration, certificate, etc., which is related to the job you are applying for: \_\_\_\_\_

Have you ever had a license, registration, certificate, etc., related to the position you are applying for suspended, revoked, placed on probation or lapsed for any reason?  Yes  No If yes, please explain: \_\_\_\_\_

Print Name: \_\_\_\_\_ **EMPLOYMENT HISTORY**

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer and go back a minimum of ten (10) years. Do not omit any employment during that time. Add additional sheets if necessary. Answer each question completely; **“See Resume” is not acceptable.**

Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title:  <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	
		May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name & Title:	Work Telephone:  (   ) _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)

Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title:  <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	
		May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name & Title:	Work Telephone:  (   ) _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)

Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title:  <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	
		May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name & Title:	Work Telephone:  (   ) _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)

**PROFESSIONAL REFERENCES**

List below three people who are not related to you and that have direct knowledge of your skills, experience and fitness for the position or field for which you are applying. Preferably, these are individuals who have supervised your work either currently or in the past.

FULL NAME	BUSINESS OR HOME ADDRESS	OCCUPATION	TELEPHONE NUMBER
			(   )
			(   )
			(   )

**CERTIFICATION**

I certify that answers/information given herein are true, complete and accurate. I understand that any omission or misrepresentation of information may be sufficient cause for rejection of this application or, if employment has commenced, grounds for immediate dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize any schools that I have attended, current and previous employers, and organizations named in this application to provide University Park with any information that may be requested to make an employment decision. I hereby specifically waive written notice from any and all former employers regarding their disclosure to University Park of any information including disciplinary action. I understand that if I am offered employment, it is contingent upon satisfactorily passing a physical examination and/or drug test prior to placement in the position for which I have applied when such tests are required. I specifically authorize law enforcement agencies to release any records of prior criminal convictions and/or pending felony charges it may have or may obtain from other sources to University Park. I hereby release University Park and other agencies from any and all actions and claims that may be sustained by me from the release and use of the information. I understand and agree that in the absence of an express written agreement to the contrary executed by the employer, any employment I accept shall be for an indefinite term and shall be terminable at any time, with or without notice or cause, either by me or at the will and sole discretion of the employer. I have read or had read to me and understand the above statement.

APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*THANK YOU FOR CONSIDERING UNIVERSITY PARK AS A POTENTIAL EMPLOYER  
APPLICATIONS ARE ONLY ACCEPTED FOR CURRENT JOB OPENINGS*