



Village of

University Park

698 Burnham Drive
University Park, Illinois 60484-2788
(708) 534-6451 • Fax (708) 534-3430
www.university-park-il.com

Application For Employment

NAME: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:					Date of Application:	
Last Name		First Name		Middle Name		
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)					Social Security Number	
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"/> Other _____		

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? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

POSITION: _____

DATE: _____ / _____ / _____

Note: The Applicant is under no obligation to disclose information related to, or the existence of, any sealed, impounded, or expunged records of conviction or arrest, and this question should not be viewed by the applicant as any request to make such disclosure.

Education

	Name and address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States Military.

List any professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

Specialized Skills - Check skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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, disabilities or other protected status.

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

References

1. _____ (Name) _____ (Phone #)

_____ (Address)
2. _____ (Name) _____ (Phone #)

_____ (Address)
3. _____ (Name) _____ (Phone #)

_____ (Address)

Additional Information

Summarize special job-related skills and qualifications acquired from employment or other experiences.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ YES _____ NO

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorized 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 application are being accepted at this time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 that 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 this organization. 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

Position(s) Applied for is Open: Yes No

Remarks _____

Position Considered for: _____

Interviewer Date

Date

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Dept. _____

By _____
Name and Title Date

Notes: _____