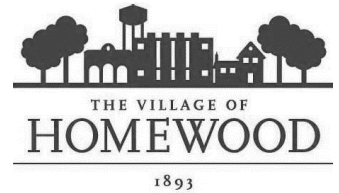


VILLAGE OF HOMEWOOD

2020 Chestnut Road
Homewood, IL 60430



APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS NOT TO BE USED FOR POLICE OFFICER OR FIREFIGHTER/PARAMEDIC POSITIONS.

APPLICATION DATE

Print with ink or type. Applications not properly completed will be rejected or returned.

LAST NAME	FIRST NAME	MIDDLE NAME	PREFIX: MS. MRS. MR.	
STREET ADDRESS		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	TITLE OF POSITION FOR WHICH YOU ARE APPLYING		
E-MAIL ADDRESS		DRIVER'S LICENSE #	STATE	

ARE YOU CURRENTLY WORKING EITHER FULL/PART-TIME	DATE AVAILABLE FOR WORK	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:			
HOW WERE YOU REFERRED TO US? <input type="checkbox"/> Newspaper <input type="checkbox"/> Agency <input type="checkbox"/> School <input type="checkbox"/> Homewood staff <input type="checkbox"/> Internet Site <input type="checkbox"/> Other			
NAME OF REFERRAL SOURCE:			
WERE YOU PREVIOUSLY EMPLOYED BY US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:			
LIST ANY FRIENDS OR RELATIVES WORKING FOR US			

ARE YOU BELOW THE AGE OF 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE LIST ANY EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY QUALIFY YOU TO WORK WITH THE VILLAGE.	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS, WITH OR WITHOUT ACCOMODATION, OF THE POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU WILLING TO UNDERGO A PREEMPLOYMENT PHYSICAL EXAM AND SUBSTANCE ABUSE SCREENING TEST? <input type="checkbox"/> Yes <input type="checkbox"/> No

*An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.
You are not obligated to, and should not, respond with any convictions that have been erased by pardon or expungement or that have been sealed.*

MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION IN THE UNITED STATES? Yes No

BRANCH	SERVICE START DATE	SERVICE END DATE	RANK AT SEPARATION
BRIEFLY DESCRIBE YOUR DUTIES			

EMPLOYMENT RECORD

LIST YOUR PRESENT OR MOST RECENT EMPLOYER FIRST AND WORK BACKWARDS.

MAY WE CONTACT THESE EMPLOYERS? Yes No

1. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIME LENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
NAME OF A CO-WORKER	PHONE #	E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

2. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIME LENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
NAME OF A CO-WORKER	PHONE #	E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

3. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIMELENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
NAME OF A CO-WORKER	PHONE #	E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

4. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIME LENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
NAME OF A CO-WORKER	PHONE #	E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

EMPLOYMENT RECORD (continued)

5. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIME LENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
NAME OF A CO-WORKER	PHONE #	E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

6. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIME LENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
NAME OF A CO-WORKER	PHONE #	E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

7. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIME LENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
NAME OF A CO-WORKER	PHONE #	E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

8. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIME LENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
NAME OF A CO-WORKER	PHONE #	E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

EDUCATIONAL RECORD

HIGH SCHOOL NAME		CITY & STATE
DATES ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE, MAJOR OR COURSE OF STUDY

COLLEGE OR UNIVERSITY NAME		CITY & STATE
DATES ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE, MAJOR OR COURSE OF STUDY

GRADUATE SCHOOL NAME		CITY & STATE
DATES ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE, MAJOR OR COURSE OF STUDY

TRADE, BUSINESS OR OTHER SCHOOL NAME		CITY & STATE
DATES ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE, MAJOR OR COURSE OF STUDY

LIST OTHER FORMAL TRAINING YOU HAVE HAD

LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD

REFERENCES

List at least three who aren't employers, former employers or relatives.

1. NAME		ADDRESS
OCCUPATION	PHONE #	E-MAIL ADDRESS

2. NAME		ADDRESS
OCCUPATION	PHONE #	E-MAIL ADDRESS

3. NAME		ADDRESS
OCCUPATION	PHONE #	E-MAIL ADDRESS

4. NAME		ADDRESS
OCCUPATION	PHONE #	E-MAIL ADDRESS

5. NAME		ADDRESS
OCCUPATION	PHONE #	E-MAIL ADDRESS

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that incorrect or falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later time.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the Village or myself. I understand that no management official has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment. I further understand that offers of employment are conditioned on my providing proof of work eligibility, as required by United States law and on my successfully passing a physical examination and substance abuse screen test. Failure to participate in either is grounds for rejecting my application and for withdrawing an offer of employment.

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (an accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

ACKNOWLEDGMENT/CONSENT FOR BACKGROUND AND CREDIT HISTORY

As part of the application process for employment with the Village of Homewood, Illinois, the undersigned applicant has been informed and understands that an investigation on work background, education and criminal record as provided on a resume and/or employment application will be verified by the Village of Homewood.

In addition, the undersigned has been informed that part of the background check contemplated hereunder may include the employment of a consumer reporting agency to obtain information related to the applicant's credit history. The name of the consumer reporting agency used as part of this background check is Trans Union and the consumer reporting agency may be contacted by placing a telephone call to the following number: (312) 408-1050. Furthermore, the applicant acknowledges that he or she consents and authorizes the Village of Homewood, its agents and/or assigns, to conduct a background check and to request a report of his or her credit history. The applicant also acknowledges that said applicant has been advised of his or her creditor's rights, as follows:

Applicant has the right under federal law, on request and the presentment of proper identification, to obtain from the above-named consumer reporting agency the following disclosures:

- (1) The nature and substance of all information in its files (except medical information) on you at the time of the request.
- (2) The sources of the information.
- (3) The creditors to whom the consumer reporting agency has furnished reports within the six-month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished to you, and you may be accompanied by one other person of your choosing when you visit the agency. If another person accompanies you, he or she must furnish reasonable identification, and the agency may require you to furnish a written statement granting permission to the agency's personnel to discuss your file in the other person's presence.

Federal law provides three methods by which you may obtain these disclosures from the consumer report agency:

- (1) You may appear in person at the agency during normal business hours and on reasonable notice to the agency, provided you furnish reasonable identification.
- (2) You may receive the information by telephone, provided you have first made written request of the agency to obtain disclosures by this means. You must pay any toll charge involved, and may be required to provide proper identification.
- (3) If the consumer credit reporting agency was responsible in any way for the denial of credit to you, you may obtain from the agency an explanation in writing free of charge.

The undersigned agrees and consents to the release of such information to the Village of Homewood, as the applicant's prospective employer.

SIGNATURE

DATE