



Application for Employment

Village of La Grange Park

An Equal Opportunity Employer

FOR OFFICE USE ONLY
Date Submitted: _____
Received By: _____

POSITION APPLYING FOR: _____ Full-time Part-time Seasonal

PERSONAL

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Have you been employed by the Village of La Grange Park before? Yes No

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

Are you 18 years or older? Yes No

Have you been convicted of a felony that might disqualify you from Village employment? Yes No

Do you have any relatives who are currently employed by the Village? Yes No

If yes, list names and relationship.

If the job for which you are applying requires a drivers license:

Can you provide proof of possessing a valid license? Yes No

Do you have a valid CDL? Yes No

EDUCATION / MILITARY EXPERIENCE

Circle Highest Grade Completed: <6 7 8 9 10 11 12 GED

College: 1 2 3 4 5 6

Name of Last High School Attended: _____

City & State: _____

Name of Last College Attended: _____

City & State: _____

Major Field of Study: _____ Degree: _____

List any specialized training, apprenticeship, skills or activities that might relate to this position:

List any licenses or certificates you possess:

EDUCATION / MILITARY EXPERIENCE (continued)

Are you currently or were you previously a member of any branch of the U.S. armed forces?

(Including Reserves or National Guard)

Yes No

If yes, please indicate:

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

Nature of Duties: _____

Rank: _____ Date Entered: _____

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

EMPLOYMENT HISTORY

Please list your most recent position first. You may also submit a personal resume in addition to this application.

Employer: _____

Address: _____

Street

City

State

Zip

Phone Number: (_____) _____ Date of Employment: From _____ To _____

Supervisor's Name and Title: _____

Your Job Title: _____ Describe Your Duties: _____

Reason for Leaving: _____

May we contact your present employer? Yes No

Employer: _____

Address: _____

Street

City

State

Zip

Phone Number: (_____) _____ Date of Employment: From _____ To _____

Supervisor's Name and Title: _____

Your Job Title: _____ Describe Your Duties: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Street

City

State

Zip

Phone Number: (_____) _____ Date of Employment: From _____ To _____

Supervisor's Name and Title: _____

Your Job Title: _____ Describe Your Duties: _____

Reason for Leaving: _____

REFERENCES

List three persons, not related to you and not former employers, who have known you for at least five years.

Name: _____ Years Known: _____

Address: _____

Street

City

State

Zip

Phone: (_____) _____ Business, Occupation or Profession: _____

In what capacity do you know this person? _____

Name: _____ Years Known: _____

Address: _____

Street

City

State

Zip

Phone: (_____) _____ Business, Occupation or Profession: _____

In what capacity do you know this person? _____

Name: _____ Years Known: _____

Address: _____

Street

City

State

Zip

Phone: (_____) _____ Business, Occupation or Profession: _____

In what capacity do you know this person? _____

AUTHORIZATION

I hereby certify that the statements given herein are true and complete to the best of my knowledge and belief and that any false or misleading statements or misrepresentations, as stated or implied, on this application or any other employment forms or during any interview may be sufficient reason to prevent my employment and may be cause for dismissal if hired.

In consideration of my employment, I agree to conform to the Village's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Village of La Grange Park's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Village of La Grange Park.

I authorize investigation of all information I provided in conjunction with my application for employment, including contacting my supervisors in order to furnish you with any and all information concerning my previous employment and other pertinent information they may have, personal or otherwise, and thereby release any and all parties from all liability for any damage that may result from this process.

My signature below confirms I have read, understand and agree with the above statements.

Signature: _____ Date: _____

Print Name: _____