

# APPLICATION FOR EMPLOYMENT

## Village of Lena, Illinois

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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 disability, or any other legally protected status.

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(PLEASE PRINT)

Position(s) Applied For \_\_\_\_\_

Date of Application \_\_\_\_\_

How Did you learn About Us? \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Advertisement \_\_\_\_\_

Friend \_\_\_\_\_

Walk-In \_\_\_\_\_

Employment Agency \_\_\_\_\_

Relative \_\_\_\_\_

Other \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Address Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

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.

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

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

If the position for which you are applying requires driving,  
do you currently have a valid Illinois driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you know of any reason why you could not perform any  
essential function of the job you are applying for? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Can you travel if a job required it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Conviction will not necessarily disqualify an applicant from employment.

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

## EDUCATION

### ELEMENTARY SCHOOL:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

No. of Years Completed: \_\_\_\_\_

### HIGH SCHOOL:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

No. of Years Completed: \_\_\_\_\_

Degree: \_\_\_\_\_

Course of Study: \_\_\_\_\_

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### COLLEGE:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

No. of Years Completed: \_\_\_\_\_

Degree: \_\_\_\_\_

Course of Study: \_\_\_\_\_

### GRADUATE:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

No. of Years Completed: \_\_\_\_\_

Degree: \_\_\_\_\_

Course of Study: \_\_\_\_\_

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BUSINESS/TRADE/TECHNICAL  
SCHOOL:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

No. of Years Completed: \_\_\_\_\_

Degree: \_\_\_\_\_

Course of Study: \_\_\_\_\_

OTHER:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

No. of Years Completed: \_\_\_\_\_

Degree: \_\_\_\_\_

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	_____	_____	_____

List professional trade, business or civic activities and offices held.

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

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

## REFERENCES

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

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

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

Is there any reason why you could not perform any of the functions of the position for which you are applying? \_\_\_\_ 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.

Dates Employed: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Month & Year) (Month & Year)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Positions Held: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Dates Employed: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Month & Year) (Month & Year)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Positions Held: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Dates Employed: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Month & Year) (Month & Year)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Positions Held: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Dates Employed: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Month & Year) (Month & Year)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Positions Held: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

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**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## APPLICANT'S STATEMENT

### **Please Read Carefully!** **This Statement Contains Notices, Consents and Waivers.**

I certify that answers given herein are true and complete to the best of my knowledge.

In consideration for being considered for employment, I hereby consent to having the Village of Lena, and/or its agents, independent contractors, or employees, contact anyone it deems appropriate to investigate or verify any information I have given in this application or during any interview, or to discuss my background, past performance, or my suitability for employment. I further consent to being discussed by any person so contacted, and I waive all rights to bring any action for defamation, invasion of privacy or any similar cause against any person based upon such disclosures or communications.

In further consideration for being considered for employment, I hereby represent that I understand that the Village of Lena, and/or its agents, independent contractors, or employees may do a criminal history or background check and/or obtain a credit report as part of the application process but that any information obtained will be used only to the extent permitted by law in determining my suitability for employment.

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.

If I am given offered employment, in consideration of such employment, I agree to conform to the rules, regulations and guidelines of the Village of Lena. I understand that my employment will be "at will" meaning my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Village of Lena or myself. I understand that no elected official, officer or employee of the Village of Lena, other than the Village President acting with the authority of the Board of Trustees of the Village of Lena, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and the Village President may do so only by a written contract signed by him/her.

If I am offered and accept employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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Signature of Applicant

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Date

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FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview    ☐ Yes    ☐ No

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

Employed    ☐ Yes    ☐ No    Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

By: \_\_\_\_\_  
Name

\_\_\_\_\_ Date