



Are you related to any current member of the Village of Park Board of Trustees, or any person now employed by the Village of Oak Park?\* If Yes, provide the information requested below.

Name \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_

**II. EDUCATION AND SKILLS**

HIGH SCHOOL NAME \* \_\_\_\_\_ Course of Study/Major \* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ List Diploma or Degree \* (Please specify if GED)

Was Diploma or Degree Granted?\*  Yes  No

POST SECONDARY / COLLEGE NAME \* \_\_\_\_\_ Course of Study/Major \* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ List Diploma or Degree \* \_\_\_\_\_

Was Diploma or Degree Granted?\*  Yes  No

POST SECONDARY / COLLEGE NAME \* \_\_\_\_\_ Course of Study/Major \* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ List Diploma or Degree \* \_\_\_\_\_

Was Diploma or Degree Granted?\*  Yes  No

Do you hold any license, registration or certification required by or related to the position for which you are applying?\* Include all licenses such as Commercial Driver License, operator's license, etc.

License \_\_\_\_\_  
Type \_\_\_\_\_ Issued By \_\_\_\_\_ Expiration \_\_\_\_\_ Number \_\_\_\_\_

License \_\_\_\_\_  
Type \_\_\_\_\_ Issued By \_\_\_\_\_ Expiration \_\_\_\_\_ Number \_\_\_\_\_

Registration \_\_\_\_\_  
Type \_\_\_\_\_ Issued By \_\_\_\_\_ Expiration \_\_\_\_\_ Number \_\_\_\_\_

Certification \_\_\_\_\_  
Type \_\_\_\_\_ Issued By \_\_\_\_\_ Expiration \_\_\_\_\_ Number \_\_\_\_\_

Other \_\_\_\_\_  
Type \_\_\_\_\_ Issued By \_\_\_\_\_ Expiration \_\_\_\_\_ Number \_\_\_\_\_

List any special skills or equipment you can operate. \_\_\_\_\_

Describe your computer experience, including all software applications. \_\_\_\_\_

**III. WORK EXPERIENCE** List name, address and phone number of the PREVIOUS FOUR (4) EMPLOYERS with the most recent employer first. DO NOT use "refer to resume."

1.

Position *	Employer Name *	Immediate Supervisor *	Last Salary *
Address* Street		Phone *	E-mail
City	State	Zip Code	Internet (Web) Address
Work Schedule *	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	From (mm/yyyy) *	To (mm/yyyy) *
Describe your major duties*		May we contact this employer?	
Reason(s) for leaving*		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2.

Position *	Employer Name *	Immediate Supervisor *	Last Salary *
Address* Street		Phone *	E-mail
City	State	Zip Code	Internet (Web) Address
Work Schedule *	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	From (mm/yyyy) *	To (mm/yyyy) *
Describe your major duties*		May we contact this employer?	
Reason(s) for leaving*		<input type="checkbox"/> Yes <input type="checkbox"/> No	

3.

Position *	Employer Name *	Immediate Supervisor *	Last Salary *
Address* Street		Phone *	E-mail
City	State	Zip Code	Internet (Web) Address
Work Schedule *	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	From (mm/yyyy) *	To (mm/yyyy) *
Describe your major duties*		May we contact this employer?	
Reason(s) for leaving*		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4.

Position *	Employer Name *	Immediate Supervisor *	Last Salary *
Address* Street		Phone *	E-mail
City	State	Zip Code	Internet (Web) Address
Work Schedule *	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	From (mm/yyyy) *	To (mm/yyyy) *
Describe your major duties*		May we contact this employer?	
Reason(s) for leaving*		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Have you ever been employed using a different name? \*  Yes  No  
If Yes, explain in detail listing name(s), and date(s) in the Comments section.

Explain any gaps in your employment history in the space below and in the Comments section if you need additional room.

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Have you ever been terminated or asked to resign from a job? \*  Yes  No

If Yes, explain in detail listing reason(s), date(s), and location(s) in the Comments section. Note: Answering "Yes" does not constitute an automatic bar to employment. Factors such as age and date on which you were terminated or asked to resign and recent work history will be taken into account.

May we contact your current employer? \*  Yes  No  
If No, explain in detail the reason(s) in the Comments section.

Do you have adequate transportation to and from work? \*  Yes  No  
If No, explain in detail the reason(s) in the Comments section.

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#### IV. PROFESSIONAL REFERENCES

List name and phone number of three (3) professional references, one of which is a previous supervisor who can comment on your work performance. DO NOT use "refer to resume."

1. 

<hr/> <u>Name * (First/Last)</u>	<hr/> <u>Phone *</u>	<hr/> <u>E-Mail</u>
<hr/> <u>Current Title *</u>	<hr/> <u>Organization *</u>	<hr/> <u>Professional Relationship</u>

Is this reference a former direct supervisor?\*  Yes  No    May we contact this reference?\*  Yes  No

2. 

<hr/> <u>Name * (First/Last)</u>	<hr/> <u>Phone *</u>	<hr/> <u>E-Mail</u>
<hr/> <u>Current Title *</u>	<hr/> <u>Organization *</u>	<hr/> <u>Professional Relationship</u>

Is this reference a former direct supervisor?\*  Yes  No    May we contact this reference?\*  Yes  No

3. 

<hr/> <u>Name * (First/Last)</u>	<hr/> <u>Phone *</u>	<hr/> <u>E-Mail</u>
<hr/> <u>Current Title *</u>	<hr/> <u>Organization *</u>	<hr/> <u>Professional Relationship</u>

Is this reference a former direct supervisor?\*  Yes  No    May we contact this reference?\*  Yes  No

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