

Application for Employment

The Village of Oak Park Village Hall 123 Madison Street Oak Park, Illinois 60302-4272 708.358.5650 Fax 708.358.5107 TTY 708.383.0048 hr@oak-park.us

AN EQUAL OPPORTUNITY EMPLOYER — The Village of Oak Park does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, sexual orientation, age, ancestry, marital status, veteran status protected by applicable federal, state or local law.

* Indicates a required field. Please PRINT your information. **POSITION APPLIED FOR *** PERSONAL INFORMATION Last Name* First Name * M.I PRESENT ADDRESS* Street Apt # City State Zip Code **CONTACTS*** E-Mail Home Work/Daytime Mobile/Cell Are you legally eligible to work in the United States? * ☐ Yes ☐ No ☐ Yes ☐ No Are you at least eighteen years of age?* Have you ever been employed by the Village of Oak Park?* (see below) ☐ Yes ☐ No If you have been previously employed by the Village of Oak Park, complete the information below for the last position you held. If you have been previously employed by the Village of Oak Park more than once, complete the information in the Comments section of this application. **Employment Dates:** From (mm/dd/yyyy) Position Held To (mm/dd/yyyy) Reason for Leaving ☐ No Have you ever pleaded guilty, or no contest to, or convicted of any misdemeanor or felony?* ☐ Yes 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 of the offense, seriousness/natur e of the violation, and rehabilitation will be taken into account. Do not include minor traffic citations, and arrests or convictions which have been sealed or expunged when answering this question. ☐ Yes ☐ No Are you able to perform the essential functions of the position for which you are applying?* If No, explain reasons or circumstances in the Comments section. Have you served in the military?* If Yes, list service branch and date(s). ☐ Yes \square No **Enlistment Dates:** From (mm/dd/yyyy) Position Held To (mm/dd/yyyy) Type of Discharge

Name			Name		
Department		Relationship	Department	Department	
EDUCATION AN	ID SKILLS				
HIGH SCHOOL NAME	<u>:</u> *		Course of Study/Major	*	
City*		State*	List Diploma or Degree	e* (Please specify if	GED)
Was Diploma or Degree Granted?*		☐ Yes ☐ No	Date (mm/dd/yyyy)		
POST SECONDARY/COLLEGE NAME*			Course of Study/Major*		
City*		State*	List Diploma or Degree	e* (Please specify if	GED)
Was Diploma or Degree Granted?* POST SECONDARY/COLLEGE NAME*		☐ Yes ☐ No	Date (mm/dd/yyyy)		
			Course of Study/Major*		
City*		State*	List Diploma or Degree	e* (Please specify if	GED)
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2.						
Position*	Employer Name*		Immediate Supervisor*		Last Salary*	
Address* Street			Phone*		E-Mail	
City	State	Zip Code	Internet (Web) Address			
Work Schedule*	☐ Full Time	☐ Part Time	From (mm/yyyy)*	To (mm/yyyy)*		
Describe your major duties.*				May we contact this	s employer?	
Reason(s) for leav	ving.*			☐ Yes ☐ No		
3. Position*	Employer Name*		Immediate Supervisor*		Last Salar	·y*
Address* Street			() Phone*		E-Mail	
City	State	Zip Code	Internet (Web) Address			
Work Schedule*	☐ Full Time	☐ Part Time				
work Schedule^	□ Full Time		From (mm/yyyy)*	To (mm/yyyy)*		
Describe your major duties.*				May we contact this	s employe	er?
Reason(s) for leaving.*				☐ Yes ☐ No		
4. Position*	Employer Name*		Immediate Supervisor*	Last Salary*		
Address* Street			() Phone*		E-Mail	
0	-	- - -				
City	State	Zip Code	Internet (Web) Address			
Work Schedule*	☐ Full Time	☐ Part Time	From (mm/yyyy)*	To (mm/yyyy)*		
Describe your ma	jor duties.*			May we contact this	s employe	er?
Reason(s) for leav	ving.*			☐ Yes ☐ No		
Have you ever be	en employed using	g a different name?*			☐ Yes	□No
If Yes, explain in	detail listing name	e(s), and date(s) in th	e Comments section.			
Explain any gaps additional room.	in your employmer	nt history in the spac	e below and in the Co	mments section if yo	ou need	
If Yes, explain in does not constitut	detail listing reaso te an automatic b		cation(s) in the Comme actors such as age and		_	
May we contact your current employer?* If No, explain in detail the reason(s) in the Comments section.					□ Yes	□No
Do you have adequate transportation to and from work?* If No, explain in detail the reason(s) in the Comments section.					☐ Yes	□No

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." Name* (First/Last) E-Mail Current Title* Organization* Professional Relationship * Is this reference a former direct supervisor? * \square Yes May we contact this reference?* \square Yes ☐ No ☐ No Name* (First/Last) E-Mail Current Title* Organization * Professional Relationship * \square No May we contact this reference?* \square Yes ☐ No Is this reference a former direct supervisor? * \square Yes E-Mail Name* (First/Last) Current Title* Professional Relationship * Organization * Is this reference a former direct supervisor? * \square Yes May we contact this reference?* \square Yes ☐ No \square No V. SIGNATURE NOTICE TO ALL APPLICANTS: Proof of citizenship or authorization for employment in the United States is required in accordance with the Immigration and Reform and Control Act of 1986. **COMMENTS AND ADDITIONAL INFORMATION Section**

REQUIRED:	
of information contained in this Application (or accom-	rstand that any misrepresentation, omission, or falsification panying resume) will be cause for the denial of my application from any subsequent employment with the Village of Oak
* I understand that this application does not constitute consideration of my employment, I agree to conform Check the box and place your initials here indicating	to the rules and regulations of the Village of Oak Park.
	and and agree that my employment is contingent upon including a drug screen, criminal background investigation initials here indicating that you understand and agree:
them, and I release all individuals, partnerships, asso	n all records and information regarding employment with ociations or corporations from any and all liability, claims or release of such information. Check the box and place your
tion, drug and/or alcohol test to the extent permitted physical examination or related testing including drug may be required to take other tests such as personal and I consent to all such testing. I understand that if	the Village may require me to submit to a physical examina- by law. I consent to the disclosure of the results of any and alcohol testing to the Village. I also understand that I ity and honesty tests prior to and during my employment I should decline to sign this consent or decline to take ejected or my employment terminated. Check the box and I and consent:
$\hfill \square$ * I certify that I have read the foregoing paragraphs. Ch so certify and understand:	neck the box and place your initials here indicating that you
Signature	Date