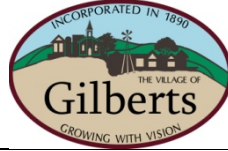


# Application for Employment



Village of Gilberts  
87 Galligan Road  
Gilberts, IL 60136  
847-428-2861

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

## PLEASE PRINT

Position Applied For:		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	Number	Street	City State Zip
Telephone Number(s)		Social Security Number	
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date			
Have you ever been employed with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date			
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available for work?			
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if the job requires it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please explain:			

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EDUCATION				
	Name of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States military.

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## 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, disabilities or other protected status.

<b>1</b>		Dates Employed		Work Performed	
		From	To		
Employer					
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					
<b>2</b>		Dates Employed			Work Performed
		From	To		
Employer					
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					
<b>3</b>		Dates Employed		Work Performed	
		From	To		
Employer					
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					
<b>4</b>		Dates Employed			Work Performed
		From	To		
Employer					
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					

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List professional, trade, business or civic activities and offices held. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience

Specialized Skills: Check Skills/Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> Programming Languages or other software	Production Machinery:	Other:
<input type="checkbox"/> TABLETS			
<input type="checkbox"/> MS OFFICE			
<input type="checkbox"/> FAX			

State any additional information you feel may be helpful to us in considering your application.

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes

No

### References

<b>1</b>	Name:	Phone:
	Address:	
<b>2</b>	Name:	Phone:
	Address:	
<b>3</b>	Name:	Phone:
	Address:	

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**Applicant's Statement**

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Position(s) Considered For:		
_____		
Date:		
Arrange Interview:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks:		
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Employment _____		
Job Title:	Hourly Rate/Salary:	Department:
By: _____		