

# APPLICATION FOR EMPLOYMENT

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.

PERSONAL INFORMATION			
LAST NAME _____		FIRST NAME _____	MIDDLE _____
ADDRESS _____		CITY _____	STATE _____ ZIP _____
PHONE NUMBER _____		EMAIL ADDRESS _____	
SOCIAL SECURITY NUMBER _____		ARE YOU A US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREENING TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO			

POSITION APPLYING FOR \_\_\_\_\_

IF HIRED, WHEN ARE YOU AVAILABLE TO START? \_\_\_\_\_

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE THE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?

☐ YES ☐ NO

HAVE YOU EVER BEEN EMPLOYED BY THE VILLAGE OF LAGRANGE?

☐ YES ☐ NO

IF YES, WHEN \_\_\_\_\_

HAVE YOU EVER FILED AN APPLICATION WITH THE VILLAGE OF LAGRANGE BEFORE?

☐ YES ☐ NO

IF YES, WHEN \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?

☐ YES ☐ NO

IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER?

☐ YES ☐ NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

☐ YES ☐ NO

ARE YOU AVAILABLE FOR ☐ FULL TIME ☐ PART TIME

ARE YOU CURRENTLY ON 'LAY-OFF' STATUS AND SUBJECT TO RECALL?

☐ YES ☐ NO

CAN YOU TRAVEL IF THE JOB REQUIRES IT?

☐ YES ☐ NO

# EDUCATION

	NAME AND ADDRESS OF HIGH SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
ELEMENTARY SCHOOL				
COLLEGE				
OTHER				

PLEASE LIST ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, OR EXTRA-CURRICULAR ACTIVITIES THAT YOU HAVE PART IN.

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DESCRIBE ANY JOB-RELATED TRAINING/SKILLS YOU MAY HAVE RECEIVED IN THE UNITED STATES MILITARY.

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## EMPLOYMENT EXPERIENCE

EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

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		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPERATE SHEET OF PAPER.

PLEASE LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD.

YOU MAY EXCLUDE MEMBERSHIP WHICHWOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY, OR OTHER PROTECTED STATUS:

## ADDITIONAL INFORMATION

### OTHER QUALIFICATIONS:

SUMMERIZE ANY SPECIAL JOB-RELATED SKILLS AND/OR QUALIFICATIONSACQUIRED FROM OTHER EMPLOYMENT/EXPERIENCE.

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## SPECIALIZED SKILLS

CHECK ANY SKILLS/EQUIPMENT OPERATED

☐ CRT      ☐ FAX      ☐ PC      ☐ LOTUS 1-2-3      ☐ CALCULATOR/ADDING MACHINE  
☐ PC      ☐ PBX SYSTEM      ☐ WORD      ☐ EXCEL

PLEASE LIST ANY PRODUCTION OR MACHINERY USED.

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PLEASE STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION.

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**DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE POSITON 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?

☐ YES      ☐ NO IF NO, BRIEFLY EXPLAIN:

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## REFERENCES

1. \_\_\_\_\_  
NAME PHONE NUMBER  
\_\_\_\_\_  
ADDRESS

2. \_\_\_\_\_  
NAME PHONE NUMBER  
\_\_\_\_\_  
ADDRESS

3. \_\_\_\_\_  
NAME PHONE NUMBER  
\_\_\_\_\_  
ADDRESS

## APPLICANT'S STATEMENT

I certify that the 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 not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether 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 that the Employee may resign at any time and the Employer may discharge the 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 given 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

\_\_\_\_\_  
Date

## FOR ADMINISTRATIVE USE ONLY

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INTERVIEW DATE \_\_\_\_\_ TIME \_\_\_\_\_

NOTES:

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EMPLOYMENT OFFERED    ☐ YES            ☐ NO

STARTING DATE \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

HOURLY RATE/SALARY \_\_\_\_\_

HIRED BY \_\_\_\_\_

RELEASE OF INFORMATION

I, \_\_\_\_\_,  
maiden name \_\_\_\_\_ do hereby  
request any law enforcement agency, governmental agency,  
bureau of motor vehicles, military agency, or past employer  
to release to the Village of LaGrange, upon their request a  
copy of any report, document, record, criminal record,  
medical history, or other information regarding my  
character, integrity and reputation. Further, I do hereby  
agree that a photocopy hereof may be used with the same  
effect as though it were the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
Social Security Number

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

\*Date of Birth is optional, however, if lack of a date of  
birth prevents the Village of LaGrange from obtaining a  
creditable background check your opportunity for employment  
could be affected.