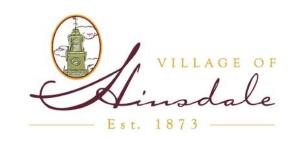
Date Received:



19 E. Chicago Ave. • Hinsdale, IL 60521 • HR@villageofhinsdale.org

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT: It is the policy of the Village of Hinsdale to consider all applicants for employment without regard to race, color, religion, sex, sexual orientation, age, disability, political affiliation, national origin, or any other protected status. It is the policy and intent of the Village of Hinsdale to provide equal employment opportunity to all persons. This policy applies to all full-time, part-time, temporary and seasonal employment.

Instructions: Please fill out this application completely and accurately. If a question does not apply to you, insert "N/A" in the answer space. Incomplete applications may not be accepted. If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact Human Resources at (630) 789-7000.

PERSONAL

Name				
Name	First		Middle	9
Address				
Street	City		State	Zip
E-mail Address				
Telephone Number (Home)		(Cell)		
Area Code	Number	· /	Area Code	Number
Are you legally authorized to work in the United If the position you are applying for requires a D Yes No			ralid Driver's Lice	ense
Is it issued to Illinois? Yes	No			
If no, which state?				
Do you have a valid Commercial Drive	r's License (CDL) Yes	No _		
If yes, which state?				
Do you have any friends or relatives who are co	urrently employed by the V	illage of Hinsdal	e?	
If yes, list names and relationship				

REFERRAL SOURCE		
Job advertisement (indicate what source)		
Title of position for which you are applying		
Applying for: Full-time Part-time Seasonal	_ Temporary (Check all that apply)	
If hired, can you provide proof that you are of legal age to work i	n the position for which you are applying in the st	tate of Illinois
EMPLOYMENT HISTORY		
List your previous three employers, including any military service	Begin with your current or most recent employ	/er.
Employer Telephone		
Address	Month To Month	Year Year
Supervisor's Name and Title		
Your Title	Part Time	
Your Duties	May we contact this employ	er?
Reason for Leaving	Yes No	
Employer Telephone	FromMonth	
		Year
Address	To Month	Year
Supervisor's Name and Title	Full Time	
Your Title	Part Time Hours per week	
Your Duties		
	May we contact this employ	er?
December 1 springs		
Reason for Leaving	Yes No	

Employer	Telephone		From		
				Month	Year
Address			To		
				Month	Year
Supervisor's Name and Ti	tle		Full Time _		
Your Title			Part Time _ Hours per w	veek	
Your Duties					
			May we cor	tact this employe	∍r?
Reason for Leaving			Yes	No	
Have you ever worked for	the Village of Hinsdale? Yes	No	-		
If yes, when and for what	department?				
were fined \$100 or less.	of any violations of the law since you You are not required to disclose cluding expunged juvenile record	e records of arres	sts or convictio		een sealed o
	n a separate sheet and state the na case. (Note: Conviction will not				osed (if any),
Are or were you a membe If yes, please indicate:	r of any branch of the U.S. armed fo	orces (including res	serves or Nation	al Guard)?	
The branch of the ar	med forces of which you were or are	e a member			
Nature of duties			Rank		
Date entered					
Date Discharged (if a	applicable) Type of	Discharge (if appl	icable)		
	,	2 2 3 (34)	-/		

EDUCATION, TRAINING AND EXPERIENCE

School	Name/Address	No. of years/ Credit Hours	Did you Graduate?	Degree/ Diploma
High School				
College				
Vocational/ Business				
Other/ Higher Education				

List any courses, seminars, are applying:	workshops, training sessions, etc., th	nat might relate to the type	of work or position for which you
List any relevant courses in	which you are currently enrolled:		
Please list any other experie	ences or training that you feel may esp	ecially qualify you for emplo	oyment with the Village:
BUSINESS REFE	RENCES		
	ree (3) persons, not related to you, we the right to contact the references		at least one year. Unless noted
NAME	ADDRESS	DAYTIME PHONE	YEARS ACQUAINTED
1.			
2.			
3.			
PERSONAL REFE	ERENCES		
	ree (3) persons, not related to you, wes the right to contact the references		at least one year. Unless noted
NAME	ADDRESS	DAYTIME PHONE	YEARS ACQUAINTED
1.			
2.			
3.			

Certification and Authorization by Applicant

PLEASE READ THIS CAREFULLY AND BE SURE YOU FULLY UNDERSTAND IT BEFORE SIGNING.

I certify that all information provided by me on this Application is true and complete to the best of my knowledge, and that I have not withheld any information that would, if disclosed, affect this application unfavorably. I understand that if I have provided any false, misleading or incomplete information in this application I may be denied employment or terminated from employment with the Village at any time, including after any period of probation, regardless of when the Village discovers my false, misleading or incomplete statement.

I authorize the Village and its officers and employees to investigate and verify any information I have provided in this Application and/or other materials that I have submitted with it, to contact and obtain information on academic, work, attendance or disciplinary history, references and any other information from my prior employers or schools I have attended, and to obtain any records of criminal conviction(s) concerning me. I also authorize any prior employer, reference, school or other individual or entity that I have listed in this Application to provide any of this information to the Village and I waive any right I may have to be notified by any individuals or organizations prior to the release of any information to the Village, including the release of information concerning any disciplinary action taken against me by former employers. I agree to waive any claim or action in law or equity and release from any claim of liability by me whatsoever, the Village of Hinsdale, its officers, agents and employees, and any of the persons or entities listed by me on this application and their officers, agents and employees, arising from the investigation, verification, or providing of information authorized or requested pursuant to my application for employment with the Village.

I understand that I may be required as a condition of employment to submit to a pre-employment drug and/or alcohol test, physical examination (depending on position sought) and/or a job-related ability test(s), and I hereby consent to such tests as may be required to make a decision on my employment.

	CKNOWLEDGE THAT I HAVE READ THE ABOVE CERTIFICATION AND AUTHORIZATION, AND FULLY FOR TO AFFIXING MY SIGNATURE BELOW.
Date	Your Signature