

VILLAGE OF LOMBARD APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT POLICY

We welcome you as an applicant for employment with the Village of Lombard. Your application will be reviewed without regard to race, color, religion, sex, age, national origin or disability. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Village of Lombard. Please furnish us with complete information as outlined in this application. Falsifying information may be grounds for disqualification or dismissal. Please use a typewriter or **print** in ink. If you have any questions, please contact the personnel department.

Position Applied for: _____ Date: _____

Referral Source: _____ Newspaper (indicate which one): _____
_____ Village Employee _____ Other _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone (____) _____ Email: _____

Do you have a valid driver's license? Yes ____ No ____ State: ____ Expiration Date: _____

Have you filed an application here before? ____ Yes ____ No

Have you ever been employed here before? ____ Yes ____ No

If above answer(s) are Yes, please give dates: _____

Are you related to anyone currently employed by the Village? _____

If so, please give name, department and relationship: _____

On what date would you be available for work? _____

Are you available to work: ____ Full Time ____ Part Time ____ Temporary

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ____ Yes ____ No

(Proof of eligibility to work in the United States must be presented upon employment)

Are you on a lay-off and subject to recall? _____Yes _____No

Are you a Veteran of the U.S. Military Service? _____Yes _____No

If yes, please list what branch: _____

Have you been convicted of a felony within the last seven years? _____Yes _____No

(A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.)

If Yes, please explain: _____

EDUCATIONAL INFORMATION

Circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED

Name, city, and state of last high school attended: _____

College or University: 1 2 3 4 5 Degree: _____

Name, city and state of last college attended: _____

List any correspondence courses, special courses, seminars, workshops, technical schools attended or any licenses or certifications that you hold that may relate to this position: _____

List any skills you have that may relate to this position: _____

Please supply the names of three (3) personal references (not former employers or relatives):

Name

Address

Telephone #

EMPLOYMENT HISTORY

Start with your present or most current job. Include military assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex, national origin, disabilities or other protected status.

May we contact your present employer for a reference? **Yes** **No**

<u>Employer:</u>	<u>Dates Employed:</u>	<u>Work Performed:</u>
Address:		
Telephone Number(s):	<u>Hourly Rate/Salary:</u>	
Job Title:	Supervisor:	
Reason for Leaving:		
<u>Employer:</u>	<u>Dates Employed:</u>	<u>Work Performed:</u>
Address:		
Telephone Number(s):	<u>Hourly Rate/Salary:</u>	
Job Title:	Supervisor:	
Reason for Leaving:		
<u>Employer:</u>	<u>Dates Employed:</u>	<u>Work Performed:</u>
Address:		
Telephone Number(s):	<u>Hourly Rate/Salary:</u>	
Job Title:	Supervisor:	
Reason for Leaving:		

Please read the following statements:

EMPLOYMENT WITH THE VILLAGE OF LOMBARD IS ON AN 'AT-WILL' BASIS (i.e.: an employee may resign at any time and the Village may discharge the employee at any time without cause.)

After a satisfactory introductory period the employee shall qualify for the benefits accorded all other employees in the job description under which he or she has been employed.

I hereby authorize an investigation of all statements contained in this application. I certify that the statements made on this application are true and correct to the best of my knowledge and that I am aware that any falsification of this application is cause for rejection of application or termination of employment.

Signature of Applicant

Date