

VILLAGE OF LISLE

APPLICATION FOR EMPLOYMENT

Return to:

Village of Lisle
Human Resources Department
925 Burlington Ave
Lisle, IL 60532

VOICE: 630-271-4100
TTD: 630-271-4142

We welcome you as an applicant with the Village of Lisle. Your application will be considered without regard to race, color, religion, sex, age, national origin, handicap, disability, marital status or any other type of discrimination prohibited by law. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment with the Village of Lisle. Please complete the entire application. **PLEASE PRINT IN INK OR TYPE.**

PERSONAL INFORMATION

Position(s) applied for: _____ Date: _____

Name: _____

Last

First

Middle

Present Address: _____

Street

City

State

Zip Code

Home Phone Number: _____ Work/School Phone Number: _____

Social Security Number: _____

Are you lawfully permitted to become employed in this country? _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain below. A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into consideration. *Applicants are not obligated to and should not respond with any convictions that have been erased by pardon or expungement.* _____

If the job description of the job for which you are applying requires a drivers license, can you provide proof of possessing a valid license? _____

REFERRAL SOURCE

Please indicate by checking the appropriate line how you heard about the position(s) for which you are applying:

Classified Advertisement (which newspaper?) _____ Village Employee

Cable T.V. Village Bulletin Board Other: _____

EMPLOYMENT HISTORY: Please list previous employers. Begin with your present or most recent position.

1. **EMPLOYER:** _____
Employer address: _____ Phone number: _____
Your job title: _____ Supervisor's name and title: _____
Employment dates: Beginning: _____ Ending: _____
Starting salary: _____ Leaving salary: _____
Reason for leaving or looking for new position: _____

Describe the work you performed: _____

May we contact your present employer? Yes _____ No _____

2. **EMPLOYER:** _____
Employer address: _____ Phone number: _____
Your job title: _____ Supervisor's name and title: _____
Employment dates: Beginning: _____ Ending: _____
Starting salary: _____ Leaving salary: _____
Reason for leaving: _____

Describe the work you performed: _____

3. **EMPLOYER:** _____
Employer address: _____ Phone number: _____
Your job title: _____ Supervisor's name and title: _____
Employment dates: Beginning: _____ Ending: _____
Starting salary: _____ Leaving salary: _____
Reason for leaving: _____

Describe the work you performed: _____

EDUCATION INFORMATION

| SCHOOL | NAME & LOCATION | NUMBER OF YRS | DID YOU GRADUATE? | MAJOR FIELD OF STUDY |
|---------------------|-----------------|---------------|-------------------|----------------------|
| Grammar School: | | | | |
| High School: | | | | |
| College/University: | | | | |
| Trade School/Other: | | | | |

Please summarize any special, job related skills, training, experience, licenses, or certifications that you possess:

Please comment briefly on your reasons for applying for this position and tell us why you think you would be successful in this job:

U.S. MILITARY SERVICE

If you are a veteran of the U.S. Military Service, please describe any skills or job-related training acquired while serving:

AUTHORIZATION

I certify that the facts contained on this application form or on any other document(s) supplementing this form and having become part of my application for employment, are true and complete to the best of my knowledge and understand that, if employed, falsified statements shall be grounds for dismissal.

I authorize investigation of all information I provided in conjunction with my application for employment, including contacting my supervisors in order to furnish you with any and all information concerning my previous employment and other pertinent information they may have, personal or otherwise, and thereby release all parties from all liability for any damage that may result from this process.

I understand that, if hired, I can resign from employment at any time and the Village of Lisle can terminate my employment at any time, pursuant to its personnel policies.

I understand that I may have to undergo a physical examination and must pass a drug screen prior to commencing work. Both are administered at the Village of Lisle's expense.

My signature below confirms that I have read and understand the above statements.

Signature: _____ Date: _____

This Section for Human Resources Use Only

Test Administered:

1. _____
2. _____
3. _____

Interviewed by: 1) _____ Date: _____

Interviewed by: 2) _____ Date: _____

Interviewed by: 3) _____ Date: _____

Notes/Comments:

Complete if Offered

Date offered: _____ Salary offered: _____ Date Accepted: _____

Offer letter mailed: _____ COBRA mailed: _____ Exam Date: _____

Start Date: _____ Starting Rate: _____ Work Status: _____

Employment dates: Beginning: _____ Ending: _____