

Return to: Village of Lisle Human Resources 925 Burlington Avenue Lisle, IL 60532 or,

Fax: 630-271-4141 or Email: hr@villageoflisle.org

VILLAGE OF LISLE APPLICATION FOR EMPLOYMENT

The Village of Lisle welcomes you as an applicant for employment. 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. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources personnel. Please complete the entire application. **PLEASE PRINT/TYPE YOUR INFORMATION.**

		Date:	
Name: Last	Final	B.4:	٠ - ا - ا
Last	First	IVII	ddle
Present Address:Street	City	State	Zip Code
Daytime Number: ()	Mobile Number: ()	
ast 4 digits of SSN:	Email Address:		
Are you lawfully eligible to work in the	United States? Yes ☐ No ☐		
Are you at least eighteen (18) years of	fage? Yes 🗌 No 🗌		
Are you related to any current member he Village of Lisle? Yes \(\Boxed{\omega}\) No \(\Boxed{\omega}\)	r of the Village of Lisle Board of Trustee	s or any perso	on now employed b
f Yes, please state their name and rel	ationship to you:		
Have you ever been employed by the	Village of Lisle? Yes ☐ No ☐		
f yes, please provide employment dat	es: From (mm/dd/yyyy)	To (mm	/dd/yyyy)
Are you able to perform the essential f	unctions of the position for which you ar	e applying? `	Yes □ No □
f No, please explain reasons or circun	nstances in the Comments Section.		
REFERRAL SOURCE			

☐ Village Website ☐ Cable/Video ☐ Social Media ☐ Village Employee ☐ Other:

Employer Address:	Phor	ne Number:
Supervisor's Name:		
Your Job Title:		
May We Contact This Employer: Yes No Reason for leaving or looking for other employment:		
Describe the work you performed:		
EMPLOYER:		
Employer Address:		
Supervisor's Name:	Supervisor's T	itle:
Your Job Title:	Start Date:	End Date:
May We Contact This Employer: Yes \(\subseteq \text{No } \subseteq \text{Reason for leaving or looking for other employment:} \)		
Describe the work you performed:		
EMPLOYER:		
Employer Address:	Phor	ne Number:
Supervisor's Name:	Supervisor's Title:	
Your Job Title:	_Start Date:	End Date:
May We Contact This Employer: Yes No		
Reason for leaving or looking for other employment:		
Treated for leaving of learning for earlier employment.		

^{*}Explain any gaps in your employment history in the Comments section.

EDUCATION & SKILLS INFORMATION

SCHOOL	NAME & LOCATION	NUMBER OF YRS	DIPLOMA OR DEGREE	MAJOR FIELD OF STUDY
High School:				
College/University:				
Graduate School:				
Trade School/Other:				
Do you hold any licen	se, registration or certification requ	uired by or related t	o the position for	which you are
applying? Include all	licenses such as Commercial Drive	er License, operato	r's license, etc.	
License				
Type	Issued By	Ex	piration N	Number
License				
Type	Issued By	Ex	piration N	Number
Registration				
Type	Issued By		piration N	Number
☐ Certification	•		•	
Type	Issued By		piration N	Number
☐ Other	looded by		piration	Variaboli
Type	 Issued By		piration N	Number
•	or equipment you can operate:	LA	piration	Millibel
Liot arry opposition of time	or equipment you can operate.			
Describe your compu	ter experience, including software	applications:		
MILITARY SER\	/ICF			
	ne military? If Yes, list service bran	ch and data(s): Vo	s \square No \square	
i lave you served in ti	ie military: Il 165, list service bran	cii and date(s). Te	5 INO	
Enlistment Dates:				
	m (mm/dd/yyyy)	Position	n Held	
To	(mm/dd/yyyy)	Type of	Discharge	

PROFESSIONAL REFERENCES

List name and contact information for three (3) professional/work-related references, one of which is a previous supervisor who can comment on your work performance.

Is this	ve contact this reference?	Organization t supervisor? Yes No Yes No	Professional Relationship
May v	ve contact this reference?		
		Yes No No	
Nam			
Nam			
	e (First/Last)	Phone	Email
Curre	ent Title	Organization	Professional Relationship
Is this	reference a former direct	t supervisor? Yes 🗌 No 🗌	
May v	ve contact this reference?	Yes No No	
			
Nam	e (First/Last)	Phone	Email
Curre	ent Title	Organization	Professional Relationship
Is this	reference a former direct	t supervisor? Yes 🗌 No 🗌	
May v	we contact this reference?	Yes No No	
MEN	TS AND ADDITION	AL INFORMATION	

AUTHORIZATION

I certify that all information 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, complete and correct to the best of my knowledge. I understand that any information provided by me that is found to be omitted, falsified, or misrepresented will be cause for the denial of my application and constitute grounds for immediate dismissal from any subsequent employment with the Village of Lisle.

I expressly authorize investigation of all information provided in conjunction with my application for employment, including contacting persons, schools, employers/supervisors in order to furnish the Village of Lisle with any and all information concerning my previous employment and other pertinent information they may have, personal or otherwise, and do hereby expressly release any and all parties from any and all liability for any damages, of any type or kind, that may result from this process.

In further consideration of my employment, I understand and agree that my employment is contingent upon successful completion of a pre-employment physical including a drug screen, a driving record check, and a criminal and civil court record(s) background investigation and reference checks and I freely and expressly authorize these inquiries and the release of any and all information resulting from these inquiries to the Village of Lisle.

I understand that this application does not constitute an agreement or contract for employment for any set period of time or an offer of employment. I understand that, if hired, I am an "at will" employee which means that 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 and applicable state and federal laws.

I understand that the Village of Lisle does not unlawfully discriminate in employment and no question on this application is used for the purposes of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal laws.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form.

I certify that I have read, fully understand, and accept the above statements.

Signature:	Date:	