



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.

PERSONAL INFORMATION

Position(s) Applied For: _____ Date: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Daytime Number: (____) _____ Mobile Number: (____) _____

Last 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 age? Yes [] No []

Are you related to any current member of the Village of Lisle Board of Trustees or any person now employed by the Village of Lisle? Yes [] No []

If Yes, please state their name and relationship to you: _____

Have you ever been employed by the Village of Lisle? Yes [] No []

If yes, please provide employment dates: _____
From (mm/dd/yyyy) To (mm/dd/yyyy)

Are you able to perform the essential functions of the position for which you are applying? Yes [] No []

If No, please explain reasons or circumstances in the Comments Section.

REFERRAL SOURCE

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

[] Village Website [] Cable/Video [] Social Media [] Village Employee [] Other: _____

EMPLOYMENT HISTORY: Starting with your most recent employer, provide the following information:

1. EMPLOYER: _____

Employer Address: _____ Phone Number: _____

Supervisor's Name: _____ Supervisor's Title: _____

Your Job Title: _____ Start Date: _____ End Date: _____

May We Contact This Employer: Yes No Starting Salary: _____ Last Salary: _____

Reason for leaving or looking for other employment: _____

Describe the work you performed: _____

2. EMPLOYER: _____

Employer Address: _____ Phone Number: _____

Supervisor's Name: _____ Supervisor's Title: _____

Your Job Title: _____ Start Date: _____ End Date: _____

May We Contact This Employer: Yes No Starting Salary: _____ Last Salary: _____

Reason for leaving or looking for other employment: _____

Describe the work you performed: _____

3. EMPLOYER: _____

Employer Address: _____ Phone Number: _____

Supervisor's Name: _____ Supervisor's Title: _____

Your Job Title: _____ Start Date: _____ End Date: _____

May We Contact This Employer: Yes No Starting Salary: _____ Last Salary: _____

Reason for leaving or looking for other employment: _____

Describe the work you performed: _____

*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 license, registration or certification required by or related to the position for which you are applying? Include all licenses such as Commercial Driver License, operator's license, etc.

License

Type	Issued By	Expiration	Number
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License

Type	Issued By	Expiration	Number
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Registration

Type	Issued By	Expiration	Number
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Certification

Type	Issued By	Expiration	Number
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Other

Type	Issued By	Expiration	Number
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List any special skills or equipment you can operate:

Describe your computer experience, including software applications:

MILITARY SERVICE

Have you served in the military? If Yes, list service branch and date(s): Yes No

Enlistment Dates: _____

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Position Held

Type of Discharge

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: _____