

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL INFORMATION			
_____	_____	_____	
LAST NAME	FIRST NAME	MIDDLE	
_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER _____	EMAIL ADDRESS _____		
SOCIAL SECURITY NUMBER _____		ARE YOU A US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREENING TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO			

POSITION APPLYING FOR _____

IF HIRED, WHEN ARE YOU AVAILABLE TO START? _____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE THE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?
 YES NO

HAVE YOU EVER BEEN EMPLOYED BY THE VILLAGE OF LAGRANGE? YES NO

HAVE YOU EVER FILED AN APPLICATION WITH THE VILLAGE OF LAGRANGE BEFORE? YES NO
IF YES, WHEN _____

ARE YOU CURRENTLY EMPLOYED? YES NO
IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO
IF YES, WHEN _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

ARE YOU AVAILABLE FOR FULL TIME PART TIME
ARE YOU CURRENTLY ON 'LAY-OFF' STATUS AND SUBJECT TO RECALL? YES NO
CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES NO

EDUCATION

	NAME AND ADDRESS OF HIGH SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
ELEMENTARY SCHOOL				
COLLEGE				
OTHER				

PLEASE LIST ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, OR EXTRA-CURRICULAR ACTIVITIES THAT YOU HAVE PART IN.

DESCRIBE ANY JOB-RELATED TRAINING/SKILLS YOU MAY HAVE RECEIVED IN THE UNITED STATES MILITARY.

EMPLOYMENT EXPERIENCE

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE	HOURLY RATE/SALARY		
	STARTING	FINAL	
JOB TITLE	SUPERVISOR		
REASON FOR LEAVING			

EMPLOYMENT EXPERIENCE

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE	HOURLY RATE/SALARY		
	STARTING	FINAL	
JOB TITLE	SUPERVISOR		
REASON FOR LEAVING			

EMPLOYMENT EXPERIENCE

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE	HOURLY RATE/SALARY		
	STARTING	FINAL	
JOB TITLE	SUPERVISOR		
REASON FOR LEAVING			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPERATE SHEET OF PAPER.

PLEASE LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD.

YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY, OR OTHER PROTECTED STATUS:

--

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS:

SUMMERIZE ANY SPECIAL JOB-RELATED SKILLS AND/OR QUALIFICATIONS ACQUIRED FROM OTHER EMPLOYMENT/EXPERIENCE.

SPECIALIZED SKILLS

CHECK ANY SKILLS/EQUIPMENT OPERATED

CRT FAX PC LOTUS 1-2-3 CALCULATOR/ADDING MACHINE
 PC PBX SYSTEM WORD EXCEL

PLEASE LIST ANY PRODUCTION OR MACHINERY USED.

PLEASE STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION.

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING:

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH OR WITHOUT A REASONABLE ACCOMMODATION, THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED?

YES NO IF NO, BRIEFLY EXPLAIN:

REFERENCES

1. _____
NAME PHONE NUMBER

ADDRESS

2. _____
NAME PHONE NUMBER

ADDRESS

3. _____
NAME PHONE NUMBER

ADDRESS

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

FOR ADMINISTRATIVE USE ONLY

INTERVIEW DATE _____ TIME _____

NOTES:

EMPLOYMENT OFFERED YES NO

STARTING DATE _____

JOB TITLE _____

DEPARTMENT _____

HOURLY RATE/SALARY _____

HIRED BY _____

RELEASE OF INFORMATION

I, _____
maiden name _____ do hereby
request any law enforcement agency, governmental agency,
bureau of motor vehicles, military agency, or past employer
to release to the Village of LaGrange, upon their request a
copy of any report, document, record, criminal record,
medical history, or other information regarding my
character, integrity and reputation. Further, I do hereby
agree that a photocopy hereof may be used with the same
effect as though it were the original.

Signature

Driver's License Number

Address

City, State, Zip

Date of Birth*

Social Security Number

Telephone Number(s)

*Date of Birth is optional, however, if lack of a date of
birth prevents the Village of LaGrange from obtaining a
creditable background check your opportunity for employment
could be affected.