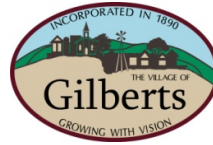


Application for Employment



Village of Gilberts
87 Galligan Road
Gilberts, IL 60136
847-428-2861

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.

PLEASE PRINT

| | | | |
|--|--------|-----------------------------------|--------------------------------------|
| Position Applied For: | | Date of Application | |
| How Did You Learn About Us? <input type="checkbox"/> Advertisement | | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk In |
| <input type="checkbox"/> Employment Agency | | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |
| Last Name | | First Name | Middle Name |
| Address | Number | Street | City State Zip |
| Telephone Number(s) | | Social Security Number | |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever filed an application with us before? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, give date | | | |
| Have you ever been employed with us before? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, give date | | | |
| Are you currently employed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| May we contact your present employer? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? (Proof of citizenship or immigration status will be required upon employment) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| On what date would you be available for work? | | | |
| Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary | | | |
| Are you currently on "lay-off" status and subject to recall? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you travel if the job requires it? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes please explain: | | | |

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| EDUCATION | | | | |
|-----------------------|----------------|-----------------|-----------------|----------------|
| | Name of School | Course of Study | Years Completed | Diploma Degree |
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (specify) | | | | |

| Indicate any foreign languages you can speak, read and/or write | | | |
|---|--------|------|------|
| | FLUENT | GOOD | FAIR |
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

| Describe any specialized training, apprenticeship, skills and extra-curricular activities. |
|--|
| |

| Describe any job related training received in the United States military. |
|---|
| |

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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| 1 | | Dates Employed | | Work Performed | |
|---------------------|------------|--------------------|-------|----------------|----------------|
| | | From | To | | |
| Employer | | | | | |
| Address | | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | | |
| | | Starting | Final | | |
| Job Title | Supervisor | | | | |
| Reason for Leaving | | | | | |
| 2 | | Dates Employed | | | Work Performed |
| | | From | To | | |
| Employer | | | | | |
| Address | | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | | |
| | | Starting | Final | | |
| Job Title | Supervisor | | | | |
| Reason for Leaving | | | | | |
| 3 | | Dates Employed | | Work Performed | |
| | | From | To | | |
| Employer | | | | | |
| Address | | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | | |
| | | Starting | Final | | |
| Job Title | Supervisor | | | | |
| Reason for Leaving | | | | | |
| 4 | | Dates Employed | | | Work Performed |
| | | From | To | | |
| Employer | | | | | |
| Address | | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | | |
| | | Starting | Final | | |
| Job Title | Supervisor | | | | |
| Reason for Leaving | | | | | |

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List professional, trade, business or civic activities and offices held. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience

Specialized Skills: Check Skills/Equipment Operated

| | | | |
|------------------------------------|---|-----------------------|--------|
| <input type="checkbox"/> PC | <input type="checkbox"/> Programming Languages or other software | Production Machinery: | Other: |
| <input type="checkbox"/> TABLETS | | | |
| <input type="checkbox"/> MS OFFICE | | | |
| <input type="checkbox"/> FAX | | | |

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB 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? A description of the activities involved in such a job or occupation is attached.

Yes

No

References

| | | |
|----------|----------|--------|
| 1 | Name: | Phone: |
| | Address: | |
| 2 | Name: | Phone: |
| | Address: | |
| 3 | Name: | Phone: |
| | Address: | |

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Applicant's Statement

I certify that 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 of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not 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 the Employee may resign at any time and the Employer may discharge 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 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 of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

| | | | |
|----------------------------------|------------------------------|-----------------------------|--------------------------|
| Position(s) Applied For Is Open: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Position(s) Considered For: | | | |
| Date: _____ | | | |
| Arrange Interview: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Remarks: | | | |
| Employed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of Employment _____ |
| Job Title: | Hourly Rate/Salary: | Department: | |
| By: _____ | | | |
| | | | |