

## **Application for Employment**

The Village of Oak Park Village Hall 123 Madison Street Oak Park, Illinois 60302-4272 708.358.5650 Fax 708.358.5107 TTY 708.383.0048 jobs@oak-park.us

**AN EQUAL OPPORTUNITY EMPLOYER** — The Village of Oak Park does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, sexual orientation, age, ancestry, marital status, veteran status protected by applicable federal, state or local law.

\* Indicates a required field. Please PRINT your information. **POSITION APPLIED FOR \*** PERSONAL INFORMATION Last Name\* First Name \* M.I PRESENT ADDRESS\* Street Apt # City State Zip Code **CONTACTS\*** E-Mail Home Work/Daytime Mobile/Cell Are you legally eligible to work in the United States? \* ☐ Yes ☐ No ☐ Yes ☐ No Are you at least eighteen years of age?\* Have you ever been employed by the Village of Oak Park?\* (see below) ☐ Yes ☐ No If you have been previously employed by the Village of Oak Park, complete the information below for the last position you held. If you have been previously employed by the Village of Oak Park more than once, complete the information in the Comments section of this application. **Employment Dates:** From (mm/dd/yyyy) Position Held To (mm/dd/yyyy) Reason for Leaving ☐ No Have you ever pleaded guilty, or no contest to, or convicted of any misdemeanor or felony?\* ☐ Yes If Yes, explain in detail listing reason(s), date(s), and location(s) in the Comments section. Note: Answering "Yes" does not constitute an automatic bar to employment. Factors such as age and date of the offense, seriousness/natur e of the violation, and rehabilitation will be taken into account. Do not include minor traffic citations, and arrests or convictions which have been sealed or expunged when answering this question. ☐ Yes ☐ No Are you able to perform the essential functions of the position for which you are applying?\* If No, explain reasons or circumstances in the Comments section. Have you served in the military?\* If Yes, list service branch and date(s). ☐ Yes  $\square$  No **Enlistment Dates:** From (mm/dd/yyyy) Position Held To (mm/dd/yyyy) Type of Discharge

Name			Name	Name		
Department		Relationship	Department	Department		
EDUCATION AN	ID SKILLS					
HIGH SCHOOL NAME	<b>:</b> *		Course of Study/Major	k		
City*		State*	List Diploma or Degree	* (Please specify if	GED)	
Was Diploma or Degree Granted?*		☐ Yes ☐ No	Date (mm/dd/yyyy)			
POST SECONDARY/COLLEGE NAME*			Course of Study/Major*			
City*		State*	List Diploma or Degree	* (Please specify if	GED)	
Was Diploma or I	Degree Granted?*	☐ Yes ☐ No	Date (mm/dd/yyyy)			
POST SECONDARY/COLLEGE NAME*			Course of Study/Major*			
City*		State*	List Diploma or Degree	* (Please specify if	GED)	
Do you hold any	_		Date (mm/dd/yyyy)  Date (mm/dd/yyyy)  Date (mm/dd/yyyy)  Date (mm/dd/yyyy)	-	which you are	
Do you hold any applying?* Includ	license, registration	n or certification requ	uired by or related to t	-	which you are	
Do you hold any applying?* Includ  License  License	license, registration le all licenses such	or certification requ as Commercial Driv	uired by or related to t	license, etc.		
Do you hold any applying? * Includ  License  License  Registration	license, registration le all licenses such	or certification requ as Commercial Driv	uired by or related to t	Expiration	Number	
Do you hold any applying? * Included   License   License   Registration   Certification	license, registration le all licenses such Type	or certification requias Commercial Driv	uired by or related to t	Expiration Expiration	Number Number	
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Do you hold any applying? * Included   License   License   Registration   Certification   Other	Ilicense, registration Ile all licenses such Type Type Type Type Type Type Type	as Commercial Driv  Issued By  Issued By  Issued By  Issued By  Issued By  Issued By	uired by or related to t	Expiration Expiration Expiration Expiration Expiration	Number  Number  Number  Number	
Do you hold any applying? * Include   License   License   Registration   Certification   Other	Type Type Type Type Type Type Type Type	or certification requires as Commercial Driver Issued By  Issued By Issued By Issued By Issued By Issued By Issued By Issued By Issued By	uired by or related to t er License, operator's	Expiration  Expiration  Expiration  Expiration  Expiration	Number  Number  Number  Number  Number	
Do you hold any applying? * Include   License   License   Registration   Other   List any special section   Describe your control   WORK EXPERIER	Type Type Type Type Type Type Type Type	or certification requires as Commercial Drivers as Commercial Driv	uired by or related to ter License, operator's	Expiration Expiration Expiration Expiration Expiration	Number  Number  Number  Number  Number	
Do you hold any applying? * Included   License   License   Registration   Certification   Other   List any special secribe your control   WORK EXPERIENT   Applied To a secrible of the secrib	license, registration le all licenses such Type Type Type Type Type Type Type Type	or certification requires as Commercial Drivers as Commercial Driv	e applications.	Expiration Expiration Expiration Expiration Expiration Expiration FOUR (4) EMP	Number  Number  Number  Number  Number	
Do you hold any applying?* Include   License   License   Registration   Certification   Other   List any special services   Describe your composed to the composed service   WORK EXPERIENT   Ent employer first   1. Position*	Type Type Type Type Type Type Type Type	or certification requires as Commercial Drivers as Commercial Driv	e applications.	Expiration Expiration Expiration Expiration Expiration Expiration FOUR (4) EMP	Number  Number  Number  Number  Number	
Do you hold any applying? * Included   License   License   Registration   Certification   Other   List any special services   Describe your content   WORK EXPERIENT   Ent employer first   1.   Position*	Type Type Type Type Type Type Type Type	or certification requires as Commercial Drivers as Commercial Driv	e applications.  Immediate Supervisor*	Expiration Expiration Expiration Expiration Expiration Expiration FOUR (4) EMP	Number Number Number Number Number Number	
Do you hold any applying? * Include   License   License   Registration   Certification   Other   List any special service your control   WORK EXPERIENT   Ent employer first   1.	license, registration le all licenses such Type Type Type Type Type Skills or equipment mputer experience, NCE List name, ad DO NOT use "refe	Issued By Issued	e applications.  Immediate Supervisor*  (	Expiration Expiration Expiration Expiration Expiration Expiration FOUR (4) EMP	Number Number Number Number Number Number	

2.							
Position*	Employer Name*		Immediate Supervisor*				
Address* Street			Phone*		E-Mail		
City	State	Zip Code	Internet (Web) Address				
Work Schedule*	☐ Full Time	☐ Part Time	From (mm/yyyy)*	To (mm/yyyy)*			
Describe your ma	jor duties.*			May we contact this	employe	er?	
Reason(s) for leav	ving.*			☐ Yes ☐ No			
3.	Employer Name*						
Position*	Employer Name*		Immediate Supervisor* ( )				
Address* Street			Phone*		E-Mail		
City	State	Zip Code	Internet (Web) Address				
Work Schedule*	☐ Full Time	$\square$ Part Time	From (mm/yyyy)*	To (mm/yyyy)*			
Describe your ma	Describe your major duties.*				this employer?		
Reason(s) for leaving.*				□ Yes □ No			
4.	6						
Position*	Employer Name*		Immediate Supervisor*				
Address* Street			Phone*		E-Mail		
City	State	Zip Code	Internet (Web) Address				
Work Schedule*	☐ Full Time	☐ Part Time	From (mm/yyyy)*	To (mm/yyyy)*			
Describe your major duties.*				May we contact this	s employe	er?	
Reason(s) for leaving.*				☐ Yes ☐ No			
• •	_		<u> </u>		□ Vaa	□ Na	
-		g a different name?* e(s), and date(s) in th	e Comments section.		☐ Yes	☐ No	
Explain any gaps	in your employmer	nt history in the spac	e below and in the Cor	mments section if yo	u need		
additional room.							
Have you ever bee	en terminated or a	asked to resign from	a job?*		☐ Yes	$\square$ No	
· ·	_		ation(s) in the Comme actors such as age and		_		
		story will be taken int	=	date on which you v	vere term	iiiiateu oi	
May we contact vo	our current employe	er?*			☐ Yes	□ No	
	· ·	in the Comments sect	ion.				
Do you have aded	quate transportatio	on to and from work?	*		☐ Yes	☐ No	
If No, explain in d							

## IV. PROFESSIONAL REFERENCES List name and phone number of three (3) professional references, one of which is a previous supervisor who can comment on your work performance. DO NOT use "refer to resume." Name\* (First/Last) E-Mail Current Title\* Organization\* Professional Relationship \* Is this reference a former direct supervisor? $^*$ $\square$ Yes May we contact this reference?\* $\square$ Yes ☐ No ☐ No Name\* (First/Last) E-Mail Current Title\* Organization \* Professional Relationship \* $\square$ No May we contact this reference?\* $\square$ Yes ☐ No Is this reference a former direct supervisor? $^*$ $\square$ Yes E-Mail Name\* (First/Last) Current Title\* Professional Relationship \* Organization \* Is this reference a former direct supervisor? $^*$ $\square$ Yes May we contact this reference?\* $\square$ Yes ☐ No $\square$ No V. SIGNATURE NOTICE TO ALL APPLICANTS: Proof of citizenship or authorization for employment in the United States is required in accordance with the Immigration and Reform and Control Act of 1986. **COMMENTS AND ADDITIONAL INFORMATION Section**

REQUIRED:	
of information contained in this Application (or accom-	rstand that any misrepresentation, omission, or falsification panying resume) will be cause for the denial of my application from any subsequent employment with the Village of Oak
* I understand that this application does not constitute consideration of my employment, I agree to conform Check the box and place your initials here indicating	to the rules and regulations of the Village of Oak Park.
	and and agree that my employment is contingent upon including a drug screen, criminal background investigation initials here indicating that you understand and agree:
them, and I release all individuals, partnerships, asso	n all records and information regarding employment with ociations or corporations from any and all liability, claims or release of such information. Check the box and place your
tion, drug and/or alcohol test to the extent permitted physical examination or related testing including drug may be required to take other tests such as personal and I consent to all such testing. I understand that if	the Village may require me to submit to a physical examina- by law. I consent to the disclosure of the results of any and alcohol testing to the Village. I also understand that I ity and honesty tests prior to and during my employment I should decline to sign this consent or decline to take ejected or my employment terminated. Check the box and I and consent:
$\hfill \square$ * I certify that I have read the foregoing paragraphs. Ch so certify and understand:	neck the box and place your initials here indicating that you
Signature	Date