



Employment Application

Equal Opportunity Employer

290 Evergreen Drive
Vernon Hills, IL 60061
Voice (847) 367-3700
Fax (847) 367-0880
TDD (847) 367-8651
www.vernonhills.org

Please read carefully and complete by printing in ink or typing. Provide all information requested.

| | | | | | |
|----------------|--|-------------|----------|------------------|-----------------------|
| Last name | | | First | Middle | Date of application: |
| Street Address | | | | Apartment/Unit # | Position Applied for: |
| City | | State | ZIP Code | E-mail Address | |
| Home Phone: | | Work Phone: | | Cell Phone: | |

General

| | | | |
|--|---|--------------------------------|---|
| Have you ever been known by another name? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes what was that name? |
| Driver's license class and number | State | | |
| Do you have any relative(s) currently employed by the Village? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, list below |
| Name | Relationship | Name | Relationship |
| Which of the following would you be willing to work? | <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, please describe on the back of the sheet (This information will not necessarily bar you from employment) |
| Have you ever had your driver's license suspended or revoked? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, please describe on the back of the sheet |
| Can you perform the essential functions of this job with or without reasonable accommodations? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, please describe on the back of the sheet |
| Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any job? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, please describe on the back of the sheet |
| If hired, how soon could you begin work? | Please indicate your starting salary requirement if different than that in the position announcement. | | |
| How did you learn of this position? | | | |

Employment History

Starting with the present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on the back of this sheet. You may attach a resume, but the application must be completed as well.

May we contact your present employer? Yes No

| | | | | |
|-------------------------|---------------|------------------|-----------------------------|---------------------------------|
| Last or present company | | Type of business | Title or job classification | Hours per week |
| Street address | | Phone no. | | Brief description of job duties |
| City | State | Zip code | | |
| Supervisor's name | | Phone no. | | |
| Starting salary | Ending salary | | Began employment | Ended employment |
| Reason for leaving | | | | |

| | | | | |
|--------------------|---------------|------------------|-----------------------------|---------------------------------|
| Company Name | | Type of business | Title or job classification | Hours per week |
| Street address | | Phone no. | | Brief description of job duties |
| City | State | Zip code | | |
| Supervisor's name | | Phone no. | | |
| Starting salary | Ending salary | | Began employment | Ended employment |
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| Starting salary | Ending salary | | Began employment | Ended employment |
| Reason for leaving | | | | |

U.S. Military Record

| | | |
|--|-------------------|----|
| Branch of service | From | To |
| Rank at Discharge | Type of Discharge | |
| Military specialty or assignment | | |
| Present military affiliation <input type="checkbox"/> None <input type="checkbox"/> Inactive reserve <input type="checkbox"/> Active reserve | | |

Educational History

Grammar and High School

| Highest grade completed in school | Name and location of high school | Graduated? | Year diploma granted |
|-----------------------------------|----------------------------------|---|----------------------|
| 1 2 3 4 5 6 7 8 9 10 11 12 | | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> GED | |

Training Beyond High School

| Name and location of school | Dates attended From To | Credits Earned | Major course Or subject | Degree earned |
|-----------------------------|---------------------------|-------------------|----------------------------|------------------|
| | | | | |
| | | | | |
| | | | | |

List any professional certifications or licenses held

Special Skills

| To be completed by applicants for office/clerical positions | | To be completed by applicants for Public Works positions | |
|---|---|--|------------------|
| Typing | <input type="checkbox"/> Yes Words per minute <input type="checkbox"/> No | Type of tools/machines/vehicles operated | Years experience |
| Dictation | <input type="checkbox"/> Yes Words per minute <input type="checkbox"/> No | | |
| Computer skills | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

References

List three people not related to you who have knowledge of your qualifications for the position for which you are applying.

| Name | Title or relationship | Address | Phone no. |
|------|-----------------------|---------|-----------|
| | | | |
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| | | | |

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION

I hereby certify that the answers and other information on this application are true and correct and that any misrepresentation or omission of facts on my part will be justification for separation from the Village's service, if employed. I also understand that any misrepresentation or omission of facts will disqualify me from consideration for employment. I also authorize the Village of Vernon Hills to investigate and verify the information provided herein, including the provision by the Police Department of information regarding any felony convictions listed under my name which may be on file. I hereby authorize the Village and Police Department from any liability or damage whatsoever which may result because of furnishing such information.

Signature

Date

