



Employment Application

Equal Opportunity Employer

290 Evergreen Drive
 Vernon Hills, IL 60061
 voice (847) 367-3700
 fax (847) 367-0880
 TDD (847) 367-8651
 Website www.vernonhills.org
 E-mail hr@vhill.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			Position applied for
City	State	ZIP code	Telephone No. Home: Work:

General

Have you ever been known by another name?	<input type="checkbox"/> Yes If yes, what was that name? <input type="checkbox"/> No
Driver's license class and number	State
Do you have any relative(s) currently employed by the Village?	<input type="checkbox"/> Yes If yes, list below <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes If yes, please describe on the back of this sheet <input type="checkbox"/> No (This information will not necessarily bar you from employment)
Have you ever had your driver's license suspended or revoked?	<input type="checkbox"/> Yes If yes, please describe on the back of this sheet <input type="checkbox"/> No
Can you perform the essential functions of this job with or without reasonable accommodations?	<input type="checkbox"/> Yes If no, please explain on the back of this sheet <input type="checkbox"/> No
Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any job?	<input type="checkbox"/> Yes If yes, please describe on the back of this sheet <input type="checkbox"/> No
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

Equal Opportunity Employer

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	
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	
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

Equal Opportunity Employer

Grammar and High School

Circle 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

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

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 release the Village and Police Department from any liability or damage whatsoever which may result because of furnishing such information.

Signature

Date

