



APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY

Village of Pingree Grove
555 Reinking Road
Pingree Grove, Illinois 60140
(847) 464-5533

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AFFIRMATIVE ACTION POLICY

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the Village of Pingree Grove to provide equality of opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, place of residence, political affiliation, marital status, veteran status, physical or mental disability, sex or age or any other legally protected status (except when sex, age, or physical or mental disability is a bona fide occupational qualification) in all aspects of our personnel policies, programs, practices and operations. This policy applies to all phases of full and part-time, temporary and seasonal employment.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Village of Pingree Grove. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying.

PLEASE USE TYPEWRITER OR PRINT IN INK

POSITION APPLIED FOR	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	DATE OF APPLICATION
	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER	/ /

PERSONAL INFORMATION

LAST NAME		FIRST NAME		M.I.	
ADDRESS	APT.	CITY	STATE	ZIP CODE	
HOME PHONE NO.			BUSINESS PHONE NO.		
EMAIL ADDRESS					
CAN YOU PERFORM ALL THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WHEN REQUESTED, CAN YOU PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
NOTE: THE VILLAGE RESERVES THE RIGHT TO INQUIRE ABOUT CRIMINAL HISTORY ONCE EMPLOYEES ARE DETERMINED TO BE PROPERLY QUALIFIED. PERSONS CONVICTED OF CRIMES THAT DISQUALIFY THEM FROM OBTAINING ANY REQUIRED LICENSURE, OR OBTAINING REQUIRED BONDING, AS WELL AS PERSONS CONVICTED OF CERTAIN SERIOUS FELONIES OR MISDEMEANORS OR CRIMES INVOLVING MORAL TURPITUDE MAY BE DISQUALIFIED FROM EMPLOYMENT.					
HAVE YOU EVER BEEN EMPLOYED BY THE VILLAGE OF PINGREE GROVE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF SO, WHEN ____/____/____ AND IN WHAT CAPACITY? _____					
HAVE YOU EVER BEEN DISCHARGED, RESIGNED, OR FORCED TO RESIGN TO AVOID DISCIPLINARY ACTION, FOR MISCONDUCT OR UNSATISFACTORY PERFORMANCE FROM ANY JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, GIVE THE NAME OF THE EMPLOYER IN EACH INSTANCE AND THE REASON(S).					

INSTRUCTIONS: List all employers, beginning with your present or most recent employment. It is important to be complete. List all work experience including military, volunteer, and intern experience. Feel free to duplicate this page to list additional employers and to attach a resume to the application after completing this page.

EMPLOYMENT HISTORY

NAME OF PRESENT OR LAST EMPLOYER	MAILING ADDRESS, CITY, STATE	ZIP CODE	TELEPHONE
POSITION HELD	EMPLOYMENT DATES FROM ___/___/___ TO ___/___/___	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>
DUTIES PERFORMED			
NAME OF IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	REASON FOR LEAVING	
NAME OF NEXT PREVIOUS EMPLOYER	MAILING ADDRESS, CITY, STATE	ZIP CODE	TELEPHONE
POSITION HELD	EMPLOYMENT DATES FROM ___/___/___ TO ___/___/___	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>
DUTIES PERFORMED			
NAME OF IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	REASON FOR LEAVING	
NAME OF NEXT PREVIOUS EMPLOYER	MAILING ADDRESS, CITY, STATE	ZIP CODE	TELEPHONE
POSITION HELD	EMPLOYMENT DATES FROM ___/___/___ TO ___/___/___	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>
DUTIES PERFORMED			
NAME OF IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	REASON FOR LEAVING	
NAME OF NEXT PREVIOUS EMPLOYER	MAILING ADDRESS, CITY, STATE	ZIP CODE	TELEPHONE
POSITION HELD	EMPLOYMENT DATES FROM ___/___/___ TO ___/___/___	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>
DUTIES PERFORMED			
NAME OF IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	REASON FOR LEAVING	
NAME OF NEXT PREVIOUS EMPLOYER	MAILING ADDRESS, CITY, STATE	ZIP CODE	TELEPHONE
POSITION HELD	EMPLOYMENT DATES FROM ___/___/___ TO ___/___/___	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>
DUTIES PERFORMED			
NAME OF IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	REASON FOR LEAVING	
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION AND TRAINING RECORD

INDICATE THE HIGHEST GRADE COMPLETED	GRADE SCHOOL/HIGH SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12	COLLEGE 13 14 15 16	POST-GRADUATE 1 2 MA PhD		
NAME AND ADDRESS OF LAST HIGH SCHOOL ATTENDED		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		GED TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND LOCATION OF SCHOOL	TOTAL NO. OF CREDIT HOURS SEM QTR	TYPE OF TRAINING OR MAJOR	FROM	TO	NAME OF CERTIFICATE OR DEGREE RECEIVED
LIST ANY LICENSES (TYPE AND NO.), SEMINARS, TRAINING SESSIONS, SKILLS, ETC. THAT MIGHT RELATE TO THIS POSITION.					

PROFESSIONAL REFERENCES

LIST THREE REFERENCES FROM PAST OR CURRENT EMPLOYERS. THESE PEOPLE SHOULD BE FAMILIAR WITH YOUR WORK AND BE IN A SUPERVISORY OR MANAGEMENT POSIITON. ONE REFERENCE SHOULD BE FROM CURRENT EMPLOYER.			
1.	_____	_____	_____
	NAME	ADDRESS	PHONE NO. OCCUPATION
2.	_____	_____	_____
	NAME	ADDRESS	PHONE NO. OCCUPATION
3.	_____	_____	_____
	NAME	ADDRESS	PHONE NO. OCCUPATION
LIST ANY RELATIVES OR ACQUAINTANCES EMPLOYED BY THE VILLAGE OF PINGREE GROVE			
NAME	POSITION	DEPARTMENT	RELATIONSHIP

READ CAREFULLY:

I hereby authorize the Village of Pingree Grove to check the records of the various Police Departments, the Federal Bureau of Investigation, the Department of Defense, past employers and other agencies as to the accuracy of the information contained on this employment application for the position with the Village of Pingree Grove.

In consideration of my employment I agree to conform to all rules, regulations, policies and ordinances of the Village of Pingree Grove, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the options of either the Village or myself. I understand that no supervisor or representative of this Village has any authority to enter into agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also consent to allowing those agencies, departments and individuals contacted with regards to the requested information needed to insure my employment with the Village of Pingree Grove, to release to them upon receipt of this statement.

EMPLOYEES OFFERED A POSITION ARE SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAM.

APPLICANT SIGNATURE	DATE SIGNED
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