

Do you have a valid CDL?

Yes No

EDUCATION AND TRAINING

School	Name/Address	Courses of Study	Circle Last Year Completed	Degree Earned (If yes, indicate degree)
High School			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 4	Yes No <input type="radio"/> <input type="radio"/>
College			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 4	Yes No <input type="radio"/> <input type="radio"/>
Post-College/ Vocational			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 4	Yes No <input type="radio"/> <input type="radio"/>
Other			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 1 2 3 4	Yes No <input type="radio"/> <input type="radio"/>

Skills and Qualifications -List special training, skills, licenses and certificates relating to this position

Technical Skills -List any skills/experience that relates to this position (software, heavy machinery, etc.):

List any professional, trade, business or civic associations to which you belong (please exclude memberships that would reveal any protected status):

Please provide any other information you think would be helpful to the Village in considering you for employment:

EMPLOYMENT HISTORY - Please begin with your present or most recent employer and provide all the information requested.

Employer: _____ Phone Number: _____

Address: _____

Job Title: _____ Supervisor's Name: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Duties: _____

May we contact? Yes No

Employer: _____ Phone Number: _____

Address: _____

Job Title: _____ Supervisor's Name: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Duties: _____

May we contact? Yes No

Employer: _____ Phone Number: _____

Address: _____

Job Title: _____ Supervisor's Name: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Duties: _____

May we contact? Yes No

MILITARY SERVICE - Have you ever served or are you currently serving in the US Armed Forces or National Guard? Yes No

If yes, please provide dates of duty: _____

Type of Discharge: _____

PROFESSIONAL REFERENCES – Please list three references that are familiar with your work history and experience. Do not list relatives, friends or personal references.

Business Relationship: _____ Years Known: _____
Address: _____ Phone Number: _____

Business Relationship: _____ Years Known: _____
Address: _____ Phone Number: _____

Business Relationship: _____ Years Known: _____
Address: _____ Phone Number: _____

PLEASE READ CAREFULLY

I hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that making false or incomplete statements on this application in any item or detail is grounds for disqualification from further consideration for employment, or for dismissal.

I understand that all candidates hired are subject to satisfactory completion of a probationary period, drug screen and background investigation. I authorize the investigation of all statements and information contained in this application. I release the Village of Homer Glen from any and all liability that might result from conducting a background investigation. I also release from liability anyone supplying information pursuant to such investigation.

I agree to conform to the rules and regulations of the Village of Homer Glen and understand that my employment and compensation are at-will and can be terminated at any time, with or without cause, and with or without notice, at the option of either the Village of Homer Glen or me. I further understand that no representative of the Village of Homer Glen, other than the Village Manager, has any authority to offer me employment for any specified period of time.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____