



Incorporated in 1883

VILLAGE OF GRANT PARK

106 W. Taylor St
Grant Park, IL 60940

APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS NOT TO BE USED FOR POLICE OFFICER POSITIONS. Print with ink or type.

Applications not properly completed will be rejected or returned.

We are an Equal Opportunity Employer

APPLICATION DATE

LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS		CITY	STATE ZIP
HOME PHONE	CELL PHONE	TITLE OF POSITION FOR WHICH YOU ARE APPLYING	
E-MAIL ADDRESS		DRIVER'S LICENSE	STATE

ARE YOU CURRENTLY WORKING EITHER FULL/PART-TIME	DATE AVAILABLE FOR WORK	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:		
HOW WERE YOU REFERRED TO US? <input type="checkbox"/> Newspaper <input type="checkbox"/> Agency <input type="checkbox"/> School <input type="checkbox"/> Grant Park staff <input type="checkbox"/> Internet Site <input type="checkbox"/> Other		
NAME OF REFERRAL SOURCE:		
WERE YOU PREVIOUSLY EMPLOYED BY US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:		
LIST ANY FRIENDS OR RELATIVES WORKING FOR US		

ARE YOU BELOW THE AGE OF 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE LIST ANY EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY QUALIFY YOU TO WORK WITH THE VILLAGE.		
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS, WITH OR WITHOUT ACCOMODATION, OF THE POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU WILLING TO UNDERGO A PREEMPLOYMENT PHYSICAL EXAM AND SUBSTANCE ABUSE SCREENING TEST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE	LOCATION
NATURE		

An affirmative answer will not automatically disqualify you from being considered as a candidate for employment. You are not obligated to, and should not, respond with any convictions that have been erased by pardon or expungement or that have been sealed.

MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION IN THE UNITED STATES? Yes No

BRANCH	SERVICE START DATE	SERVICE END DATE	RANK AT SEPARATION
BRIEFLY DESCRIBE YOUR DUTIES			

EMPLOYMENT RECORD

LIST YOUR PRESENT OR MOST RECENT EMPLOYER FIRST AND WORK BACKWARDS.

MAY WE CONTACT THESE EMPLOYERS? Yes No

1. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIME LENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
PHONE #		E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

2. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIME LENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
PHONE #		E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

3. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIME LENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
PHONE #		E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

4. EMPLOYER		DATE OF HIRE	DATE OF SEPARATION
ADDRESS		FULL-TIME LENGTH	PART-TIME LENGTH
SUPERVISOR'S NAME	PHONE #	E-MAIL ADDRESS	
PHONE #		E-MAIL ADDRESS	
JOB TITLE/POSITION	DUTIES	REASON FOR LEAVING	

EDUCATIONAL RECORD

HIGH SCHOOL NAME		
CITY & STATE	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE, MAJOR OR COURSE OF STUDY
COLLEGE OR UNIVERSITY NAME		
CITY & STATE	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE, MAJOR OR COURSE OF STUDY
GRADUATE SCHOOL NAME		
CITY & STATE	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE, MAJOR OR COURSE OF STUDY
TRADE, BUSINESS OR OTHER SCHOOL NAME		
CITY & STATE	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE, MAJOR OR COURSE OF STUDY
LIST OTHER FORMAL TRAINING YOU HAVE HAD		
LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD		

REFERENCES

List at least three who aren't employers, former employers or relatives.

1. NAME		ADDRESS
OCCUPATION	PHONE #	E-MAIL ADDRESS
2. NAME		ADDRESS
OCCUPATION	PHONE #	E-MAIL ADDRESS
3. NAME		ADDRESS
OCCUPATION	PHONE #	E-MAIL ADDRESS
4. NAME		ADDRESS
OCCUPATION	PHONE #	E-MAIL ADDRESS
5. NAME		ADDRESS
OCCUPATION	PHONE #	E-MAIL ADDRESS

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that incorrect or falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later time.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the Village of Grant Park or myself. I understand that no management official has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment. I further understand that offers of employment are conditioned on my providing proof of work eligibility, as required by United States law and on my successfully passing a substance abuse screen test. Failure to participate in either is grounds for rejecting my application and for withdrawing an offer of employment. I agree to conform to the Village of Grant Park's Rules and Regulations.

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (an accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

ACKNOWLEDGMENT/CONSENT FOR BACKGROUND CHECK

As part of the application process for employment with the Village of Grant Park, Illinois, the undersigned applicant has been informed and understands that an investigation on work background, education and criminal record as provided on a resume and/or employment application will be verified by the Village of Grant Park.

Furthermore, the applicant acknowledges that he or she consents and authorizes the Village of Grant Park, its agents and/or assigns, to conduct a complete background check. The applicant also certifies that any person(s) who may furnish such information concerning me shall be held accountable for giving this information; and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information. I further release the Village of Grant Park from any and all liability, which may be incurred, or as a result arise from the collection of such information.

I also understand that the information gathered through this background will be held confidential in nature and will be disseminated to only those involved in making my employment decision.

The undersigned agrees and consents to the release of such information to the Village of Grant Park, as the applicant's prospective employer.

SIGNATURE	DATE
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