

VILLAGE OF OAKWOOD

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

Social Security # _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes No

If yes, give details _____
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS

	Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
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High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	Reason For Leaving
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone
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PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name _____ Date _____
Last First Middle

Position applied for (*list only one*) _____

Where did you hear about this job? _____

Racial origin (You may mark one or more of the following):

- White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American**—A person having origins in any of the black racial groups of Africa.
- Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Ethnicity:

- Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Sex: Male Female

I elect not to identify

Signature _____

Village of Oakwood
PO Box 31, 100 S. Scott St.
Oakwood, IL 61858
Ph: 217-354-4255
Fax: 217-354-4901
villagehall@oakwoodil.org
www.oakwoodil.org



EMPLOYEE BACKGROUND CHECK

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the execution of this form, I _____ authorize the Oakwood Police Department to conduct an investigation into all aspects of my qualifications and background. I also authorize any individual, organization, or agency which maintains records relating to me to provide these records to the Oakwood Police Department. Conducting such an investigation, this authorization includes, but is not limited to, employment records, credit records, and criminal history records. The intent of this authorization is to give my consent to full and complete disclosure of criminal records, internal investigation records, military records, records of educational and financial institutions, employment and pre-employment records, background reports, efficiency ratings, and complaints. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Record Review Act.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information: and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I authorize the Oakwood Police Department and its agents to provide copies of any records obtained pursuant to this release to any person(s) who are authorized to participate in the vetting of my qualifications and background for employment purposes. I further release the Oakwood Police Department, its agents and designees under this release, from any and all liability which may be incurred as a result of furnishing such information.

To Process this form, the following information has been requested by the Oakwood Police Department:

Driver's License Number _____

Sex/Race _____

Email address _____

Date of Birth _____

Social Security Number _____

Phone Number _____

Print Full Name _____

Maiden Last Name, former Married Name(s) or Other Names Used _____

Current Address _____ City/State/Zip _____

Previous Address _____ City/State/Zip _____

Signature _____ Date _____

AUTHORIZATION FOR APPOINTMENT/EMPLOYMENT CREDIT REPORT

I authorize the Oakwood Police Department to obtain a credit report on myself through the credit reporting agency of its choice.

Print Name _____

Signature _____ Date _____

EMPLOYMENT CREDIT REPORT DISCLOSURE STATEMENT

The Oakwood Police Department will procure a credit report concerning my employment. If an adverse employment decision is made due totally or partially to the information on the credit report, Oakwood Police will provide me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

Print Name _____

Signature _____ Date _____

Have you worked or attended school under any other names?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, give names: _____		
Are you presently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, whom do you suggest we contact? _____		
Have you ever been fired from a job or asked to resign?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain: _____		

List names of employers in consecutive order with present or last employer listed first. Account for periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer:		Job Title and Duties:	
Address:		Dates Employed (Mo/Yr): From To	
City/State/Zip Code		Pay: Start \$ Final \$	
Supervisor(s)	Telephone:		Reason for Leaving:
Name of Employer:		Job Title and Duties:	
Address:		Dates Employed (Mo/Yr): From To	
City/State/Zip Code		Pay: Start \$ Final \$	
Supervisor(s)	Telephone:		Reason for Leaving:
Name of Employer:		Job Title and Duties:	
Address:		Dates Employed (Mo/Yr): From To	
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I have read, understand, and with my signature consent to these statements.

Signature _____ Date _____

Family: List parents, all siblings, all children (over age 16) and spouse. List all others (over age 16) who reside with you. (MUST provide D.O.B "MM/DD/YY" and as much address information as possible)

Relation	Name-Last, First, MI	Date of Birth	Address
Father			
Mother			
Spouse			

Addresses: List all your addresses (current first) for the last ten years or since your 18th Birthday, whichever is shorter.

Street Address	City, State	Zip Code

PERSONAL REFERENCES

(Please print/type information)

Employee Name _____

Address _____ City/State/Zip _____

Social Security Number _____ Date of Birth _____

DO NOT include names of relatives or former employer(s) as references.

- 1. Name _____ Telephone _____
 Address _____ City/State/Zip _____
- 2. Name _____ Telephone _____
 Address _____ City/State/Zip _____
- 3. Name _____ Telephone _____
 Address _____ City/State/Zip _____