



# EMPLOYMENT APPLICATION

(Please Print)

HUMAN RESOURCES  
301 EAST IRVING PARK ROAD  
STREAMWOOD, ILLINOIS 60107  
630-736-3800 (TDD - 630-736-3798)

*Equal access to Village programs, services and employment is available to all persons. Applicants requiring accommodation for the application, testing and/or interview process must file a formal written request with Human Resources prior to the application due date for the position for which the accommodation is being requested.*

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Drivers License No. \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Type of employment desired (Check all that apply) Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Full-Time  Part-Time  
 Year Round  Seasonal  Temporary e-mail address: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No  
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Have you ever used, sold or exchanged illegal drugs?  Yes  No  
(You are not required to disclose expunged juvenile records of adjudication or arrest.)

## EMPLOYMENT HISTORY

List your last four (4) employers, starting with the most recent, including military experience:

Employed By: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Briefly describe the nature and duties of your position: \_\_\_\_\_

Employed By: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Briefly describe the nature and duties of your position: \_\_\_\_\_

Employed By: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Briefly describe the nature and duties of your position: \_\_\_\_\_

Employed By: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Briefly describe the nature and duties of your position: \_\_\_\_\_

## REFERENCES

Give name, address and telephone number of three references who are not related to you.

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_
2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_
3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

## EDUCATION

High School Name and Location \_\_\_\_\_

Years completed: 9 10 11 12

Diploma/Degree \_\_\_\_\_

College/University Name and Location: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Diploma/Degree \_\_\_\_\_

Describe Course of Study: \_\_\_\_\_

Other - Name and Location: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Diploma/Degree \_\_\_\_\_

Describe Course of Study: \_\_\_\_\_

## JOB QUALIFICATIONS

Please document your attainment of the **Qualifications** listed in the **Job Announcement** for the position for which you are applying.

**You must meet these Qualifications** in order to be eligible for the position and to take any required written examination.

## JOB SKILLS

List any additional licenses, certificates, computer software knowledge, skills, experiences or training that may qualify you for work with the Village.

## SOURCE

How did you hear about this employment opportunity? Newspaper \_\_\_\_\_ Streamwood Cable TV Channel 6 or 13 \_\_\_\_\_

Community Events Sign \_\_\_\_\_ Streamwood Web Page: [www.streamwood.org](http://www.streamwood.org) \_\_\_\_\_ Other: \_\_\_\_\_

(Please list)

### PLEASE READ THE FOLLOWING PARAGRAPHS BEFORE SIGNING THIS APPLICATION

- I certify that information contained in this application is true and complete to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Village's service if I have been employed.
- I give the Village the right to investigate all references and past employment and to secure additional information about me, if job related. I hereby release from liability the Village, its employees and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
- I understand that any employment given to me as a result of my application will require that I undergo a comprehensive background investigation. I agree to cooperate in such investigation. My signature below serves as authorization for the Village or any third party (collectively "Investigator") to contact other appropriate sources as a part of a background investigation on me. The Village, its employees, the Investigator and any person or entity contacted is hereby released and held harmless based on information obtained or provided and any decision made based on such information obtained. A copy of my signature shall be deemed an original for purposes of obtaining information.
- I understand that either as a condition of the Village's pre-employment testing process or as a condition of employment I may be required to submit to a criminal background investigation (excluding expunged juvenile records), complete satisfactorily a physical agility test, physical examination, including testing for drug and/or alcohol use, polygraph testing, psychological testing and credit check. I authorize the release of the results of those tests and exams to the Village. I release the Village, its employees and all third party contractors from any claim arising out of such exams and tests, and waive all rights to damages of any form I may suffer from submitting to such exams and tests.
- I hereby authorize any Municipal, County, State or Federal Criminal Justice Agency to release information concerning the existence or non-existence of any criminal record information. I agree to hold harmless the Village, its employees and those Criminal Justice Agencies and their employees from any action or claim arising out of the release of such information and waive all rights to damages of any form I may suffer from the release of such information.
- I hereby authorize all present and past employers to provide the Village of Streamwood with all information concerning me in their possession collected under the Omnibus Transportation Employee Testing Act of 1991. This shall include, but not be limited to, information on alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, refusals to be tested, subsequent substance abuse professional evaluations and/or determinations and return-to-duty test results. I hereby release the Village of Streamwood and its employees, all present and past employers and their employees, from liability for furnishing such information and I waive all rights to damages of any form I may suffer as a result of furnishing such information or on any decision made based upon such information.
- I understand that, just as I can terminate the employment relationship at any time for any reason, so too, the Village may terminate my employment or change any term or condition of employment at any time and for any or no reason, with or without notice. I understand that no representative of the Village has the authority to make any assurances to the contrary.
- I understand that the Village is an Equal Opportunity Employer, the Village does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- I understand that it is the Village's policy not to refuse to hire a qualified individual with a disability because of that person's need for an accommodation that would be required by the ADA.
- I certify that I have read and understood the foregoing agreement and that no one has made any promise or agreement contrary to it, and agree to be bound by its terms.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_