



Employment Application

Equal Opportunity Employer

290 Evergreen Drive
Vernon Hills, IL 60061
Voice (847) 367-3700
Fax (847) 367-0880
TDD (847) 367-8651
www.vernonhills.org

Please read carefully and complete by printing in ink or typing. Provide all information requested.

Last name First Middle Date of application

Street Address Apartment/Unit # Position Applied for

City State ZIP Code

E-mail Address:

Home Phone: Work Phone: Cell Phone:

General

Have you ever been known by another name? YES NO If yes, list below?

Driver's license class and number State

Do you have any relative(s) currently employed by the Village? YES NO If yes, list below?

Name Relationship Name Relationship

Which of the following would you be willing to work? Evenings Nights Weekends Holidays

Have you ever been convicted of a felony? YES NO If yes, please describe on the back of the sheet (This information will not necessarily bar you from employment)

Have you ever had your driver's license suspended or revoked? YES NO If yes, please describe on the back of the sheet

Can you perform the essential functions of this job with or without reasonable accommodations? YES NO If no, please describe on the back of the sheet

Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any job? YES NO If yes, please describe on the back of the sheet

If hired, how soon could you begin work? Please indicate your starting salary requirement if different than that in the position announcement.

How did you learn of this position?

Employment History

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Starting with the present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on the back of this sheet. You may attach a resume, but the application must be completed as well.

May we contact your present employer? Yes No

Last or present company		Type of business	Title or job classification	Hours per week
Street address		Phone no.	Brief description of job duties	
City	State	Zip code		
Supervisor's name		Phone no.		
Starting salary	Ending salary		Began employment	Ended employment
Reason for leaving				

Company Name		Type of business	Title or job classification	Hours per week
Street address		Phone no.	Brief description of job duties	
City	State	Zip code		
Supervisor's name		Phone no.		
Starting salary	Ending salary		Began employment	Ended employment
Reason for leaving				

Company Name		Type of business	Title or job classification	Hours per week
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City	State	Zip code		
Supervisor's name		Phone no.		
Starting salary	Ending salary		Began employment	Ended employment
Reason for leaving				

U.S. Military Record

Branch of service	From	To	
Rank at Discharge	Type of Discharge		
Military specialty or assignment			
Present military affiliation	None	Inactive reserve	Active reserve

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Educational History

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Grammar and High School

Highest grade completed in school	Name and location of high school	Graduated?		
		Yes	No	GED

Training Beyond High School

Name and location of school	Credits Earned	Major Course or Subject	Degree Earned

List any professional certifications or licenses held

Special Skills

<i>To be completed by applicants for office/clerical positions</i>			<i>To be completed by applicants for Public Works positions</i>	
<i>Typing</i>	Yes No	<i>Words per minute</i>	<i>Type of tools/machines/vehicles operated</i>	<i>Years experience</i>
<i>Dictation</i>	Yes No	<i>Words per minute</i>		
<i>Computer skills</i>	Yes No			

References

List three people not related to you who have knowledge of your qualifications for the position for which you are applying.

<i>Name</i>	<i>Title or relationship</i>	<i>Address</i>	<i>Phone no.</i>

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION

I hereby certify that the answers and other information on this application are true and correct and that any misrepresentation or omission of facts on my part will be justification for separation from the Village's service, if employed. I also understand that any misrepresentation or omission of facts will disqualify me from consideration for employment. I also authorize the Village of Vernon Hills to investigate and verify the information provided herein, including the provision by the Police Department of information regarding any felony convictions listed under my name which may be on file. I hereby authorize the Village and Police Department from any liability or damage whatsoever which may result because of furnishing such information.

Signature

Date

Please use this page for additional information, such as explanations of answers on page 1

Question

Question

Question

Question

Question

