



Village of Fox River Grove

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)			EMAIL ADDRESS	
PRESENT ADDRESS	APT. #	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	APT. #	CITY	STATE	ZIP CODE
ARE YOU 18 YEARS OR OLDER? YES NO		PHONE		

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED		
ARE YOU EMPLOYED NOW? YES NO		IF YES, MAY WE INQUIRE OF YOUR PREVIOUS EMPLOYER? YES NO		
EVER APPLIED TO THE VILLAGE BEFORE? YES NO	WHERE?	WHEN?		
EVER WORKED FOR THE VILLAGE BEFORE? YES NO	WHERE?	WHEN?		
REASON FOR LEAVING				
NAME OF SUPERVISOR				
HOW DID YOU LEARN ABOUT THIS JOB? NEWSPAPER ADVERTISING FRIEND WALK IN OTHER				

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DEGREES EARNED OR EXPECTED	GRADUATION DATE	SUBJECTS STUDIED
HIGH SCHOOL			 	
COLLEGE				
GRADUATE SCHOOL				
TRADE SCHOOL				

SUBJECTS OF SPECIAL STUDY
SPECIAL TRAINING
SPECIAL SKILLS

PLEASE LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? YES NO			
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? YES NO			
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? YES NO			
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE AND RANK
DUTIES:	

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OF THE LAW OTHER THAN MINOR TRAFFIC VIOLATIONS YES NO (Do <u>not</u> disclose any convictions received as a juvenile or under the age of 18)

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES: DO YOU HAVE THE APPROPRIATE AND VALID LICENSES FOR THE POSITION FOR WHICH YOU ARE APPLYING? YES NO

E-MAIL ADDRESS (BY PROVIDING YOUR E-MAIL, CORRESPONDENCE REGARDING THIS PROCESS WILL BE SENT VIA E-MAIL)
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FOX RIVER GROVE IS AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS RECEIVE EQUAL CONSIDERATION REGARDLESS OF THEIR RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, PHYSICAL OR MENTAL HANDICAP, VETERAN STATUS OR OTHER CATEGORY PROTECTED BY LAW.

AUTHORIZATION

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE VILLAGE OF FOX RIVER GROVE FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I AGREE TO SUBMIT TO A PRE-EMPLOYEMENT PHYSICAL AND/OR DRUG SCREEN IF REQUIRED BY THE VILLAGE OF FOX RIVER GROVE AND UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON SUCCESSFULLY PASSING THE TEST(S) IF SO REQUIRED.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE VILLAGE OF FOX RIVER GROVE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED VILLAGE REPRESENTATIVE.”

SIGNATURE

DATE