

VILLAGE OF FOX LAKE

66 Thillen Dr.

Fox Lake, IL 60020

Phone: 847-587-2151

Fax: 847-587-2237

**Application for Employment
PLEASE PRINT IN BLUE OR BLACK INK**

PERSONAL

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____

Position Desired? _____

How did you learn about us? Advertisement Relative Inquiry

Employment Agency Friend Other _____

Can you perform the essential functions of the position in which you are applying?

(If you have any questions as to what functions are applicable to the position in which you are applying, please ask the Human Resources department for a copy of the job description before you answer this question)

Yes No If no, please explain.

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? Yes No

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? Yes No

(If no, you may be required to provide authorization to work)

Have you ever worked for the Village of Fox Lake before?

Yes No

If yes, which department? _____

When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Village? Yes No

If yes, please provide their name and where they work.

Are you available to work:

1st Shift 2nd Shift 3rd Shift

Full Time Part Time Temporary

Are you presently employed? Yes No

If yes, may we contact your current employer? Yes No

Do you belong to any professional, trade, business or civic organizations related to the position for which you are applying?

Yes No

If yes, please explain and list offices held:

(Omit any organizations, which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EDUCATION

	Name and Location of School	Course of Study	# of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying?

Yes [] No [] If yes, please describe:

Computer Skills:

List academic honors, extracurricular activities, offices held, etc. in high school or college:

(Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT Start with your present or most recent position

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)			
Dates Employed From MM/DD/YR To MM/DD/YR	Supervisor's Name and Title	Pay Rate Beginning	End
		\$	\$
Describe Work Performed _____ _____			
Reason for Leaving _____ _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)			
Dates Employed From MM/DD/YR To MM/DD/YR	Supervisor's Name and Title	Pay Rate Beginning	End
		\$	\$
Describe Work Performed _____ _____			
Reason for Leaving _____ _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)			
Dates Employed From MM/DD/YR To MM/DD/YR	Supervisor's Name and Title	Pay Rate Beginning	End
		\$	\$
Describe Work Performed _____ _____			
Reason for Leaving _____ _____			

PROFESSIONAL REFERENCES

Give three individuals (not relatives or friends)

Name/Job Title	Company
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()
Name/Job Title	Company
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()
Name/Job Title	Company
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

IMPORTANT, PLEASE READ AND SIGN

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signed: _____ Date: _____