

# Application for Employment

Please return to: Village of Evergreen Park – HR 9418 S. Kedzie Ave. Evergreen Park, IL 60805

Email: hkokodynsky@evpkadm.org

We welcome you as an applicant for employment with the Village of Evergreen Park. In accordance with federal, state and local laws, the Village of Evergreen Park is committed to recruit, hire, promote, train and evaluate all personnel without regard to race, color, religion, sex, age, national origin, citizenship status, sexual orientation, marital status, veteran status, disability, or any other protected group status (except when gender, age, or physical ability is a bona fide occupational qualification). The Village of Evergreen Park complies with the Americans with Disabilities Act (ADA). If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact Human Resources at (708) 229-2386. Please complete the entire application or indicate "not applicable" where appropriate. Do not submit a resume in place of completing any part of this application.

Notice: If you are completing this application via electronic form, please download the PDF, save the completed application and submit via email to Heather Kokodynsky, HR Director at hkokodynsky@evpkadm.org.

### Please Print or Type

## **Position:** Position applied for: \_\_\_\_\_\_ Today's Date: \_\_\_\_\_ Availability: □ Full-time □ Part-time □ Seasonal/Temporary Desired Salary Range: Date Available: **Personal Information:** Legal Name: First Last Middle Address:\_ City State Zip Have you ever gone by a different name? If yes, please specify: Phone #: \_\_\_\_\_ Email: \_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_ Exp. Date \_\_\_\_

# **General Information:** If employed, can you provide proof of authorization to work in the U.S.? □Yes □No Are you at least 18 years of age? □Yes □No How were you referred to the Village of Evergreen Park? Have you ever been employed by the Village of Evergreen Park? □Yes □No If yes, give dates of employment \_\_\_\_\_\_ Position \_\_\_\_\_ Have you ever been terminated or asked to resign from a job? □Yes □No If yes, please explain: **Education and Other Training:** High School \_\_\_\_\_ City, State \_\_\_\_ High School Degree Earned? □Yes □No If not, have you passed GED? □Yes □No No. of Years/Credit Did you School Name/City, State Hours Graduate? Degree/Diploma College Vocational/Business Other/Graduate School Are you a veteran of the U.S. Military? If yes, provide Branch of Service: List any special courses, seminars, workshops, training sessions, licenses, certificates, and/or professional memberships applicable to the position you are applying for:

## **Employment History**: Please begin with your most recent employer.

Name of Company:	From:		
Address:		Month	Year
Telephone: Supervisor's Name and Title:	To:		
Your Title:		Month	Year
Your Duties:	Full- Time Part- time Hours per week		
Reason for Leaving:			
May we contact this employer?			
Name of Company:	From:		
Address:		Month	Year
Telephone: Supervisor's Name and Title:	 To:		
Your Title:		Month	Year
Your Duties:	Full- Time Part- time Hours per week		
Reason for Leaving:			
May we contact this employer? □Yes □No			

Company:				From:		
Address:					Month	Year
Supervisor's				<b></b>		
Your Title:					Month	Year
				Part- time Hours per		
Reason for Leaving: _						
May we contact this employer?	□Yes □No		xplain:			
Please explain a	any periods of un	nemployment be	tween the jobs listed a	above:		
Professional known for at lea		Please list three	professional reference	es whom you ha	ve	
			professional reference Phone Number	es whom you ha		
known for at lea	ast one year.					
known for at lea	ast one year.					

#### <u>Certification and Authorization by Applicant:</u>

I hereby certify that the information given in this application is correct and true to the best of my knowledge. I authorize the Village of Evergreen Park to contact any of my schools, current or former employers, armed services, and physicians having medical records pertaining to me, and authorize these entities to furnish all information requested in connection with this employment application. I understand any misrepresentation of the information furnished by me shall be sufficient cause for denial of employment or dismissal.

I understand that I will be required as a condition of my employment to submit to a background investigation. I understand that I may be required as a condition of employment to submit to a pre-employment drug and/or alcohol test, physical examination (depending on position sought) and/or a job-related ability test(s), and I hereby consent to such tests as may be required to make a decision on my employment. I give permission for any/all pre-employment test results to be released to the Village of Evergreen Park. If employed, I also agree to submit to any drug test at any time deemed appropriate by the Village of Evergreen Park and as permitted by law or a collective bargaining agreement. I understand that my employment, or continued employment, to the extent permitted by law, is contingent upon a satisfactory drug test, and if I am hired a condition of my employment will be that I abide by the Village of Evergreen Park's Drug and Alcohol policy.

I hereby release and discharge the Village of Evergreen Park and any person or entity from whom any such information is obtained from any liability whatsoever related to the use or disclosure of such information.

I understand that this application is not, nor is it intended to be a contract of employment. I understand employment with the Village of Evergreen Park is at-will, meaning that either I or the Village can terminate employment at any time for any reason. If hired, I understand that the Village may unilaterally change or revise their benefits, policies and procedures and such changes may include a reduction in benefits.

I understand that this Employment Application shall be considered active for a period of time not to exceed ninety (90) days from this date, and that if I wish to be considered for employment beyond that date, I must submit another employment application.

I understand that by typing my name in the space below, it will serve as my electronic signature on this Employment Application. Furthermore, I agree that my electronic signature shall have the same legal effect as my handwritten signature.

NOTE: Application is void without signature.						
Signature of Applicant	Date					