



APPLICATION FOR EMPLOYMENT  
VILLAGE OF DOLTON  
14122 CHICAGO ROAD  
DOLTON, IL 60419  
708.849.4000

The Village is firmly committed to equality of employment opportunity. Conditions of employment will be provided without regard to race, color, religion, sex, national origin, ancestry, age, sexual orientation, marital or parental status or unfavorable discharge from military service, mental or physical disability. The Village will not deny equality of opportunity to any qualified individual who is able, with or without reasonable accommodation, to perform the essential functions of the employment position for which he or she applies.

PERSONAL INFORMATION

Position/Department applying for \_\_\_\_\_  
Date \_\_\_\_\_ Email Address \_\_\_\_\_  
Name \_\_\_\_\_  
Last First Middle Initial  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Preferred Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

GENERAL EMPLOYMENT QUESTIONS

1. Are you legally entitled to work in this country?  Yes  No
2. Are you 18 years or older?  Yes  No If under 18, give birth date \_\_\_\_\_
3. Are you related to anyone employed by the Village of Dolton including an elected official?  Yes  No
4. Are you a veteran of the U.S. Military?  Yes  No
5. Have you ever been convicted by any court for any offense? Do not include traffic violations.  Yes  No  
(Conviction is not an automatic bar to employment. Each case will be considered on its own merits.)  
If yes, describe in full \_\_\_\_\_  
\_\_\_\_\_
6. Please provide your driver's license number, state, and class. \_\_\_\_\_
7. Has your driver's license ever been suspended or revoked?  Yes  No  
If yes, include dates and explanation. A complete driver's license check will be conducted prior to employment.
8. If hired, would you be able to perform all functions and all necessary job assignments of the particular job for which you are applying?  Yes  No If not, explain. \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever been discharged or resigned not in good standing from any job?  Yes  No  
If yes, please provide an explanation. \_\_\_\_\_  
\_\_\_\_\_

## EDUCATION BACKGROUND

TYPE OF SCHOOL	NAME OF SCHOOL	YEARS COMPLETED	MAJOR AREA OF STUDY	DIPLOMA/DEGREE GED
High School/GED				
College/University				
Graduate				
Other				

List any professional and/or occupational licenses or certifications held.

TITLE	LICENSE NUMBER	EXPIRATION DATE

## EMPLOYMENT HISTORY

Please start with your present or most recent job. You are also encouraged to submit a personal resume.

Position Held	Description of Duties		
Supervisor's Name/Title			
Employer			
Address	Phone	Reason for Leaving	
Date Hired	Date Separated	Starting Pay	Ending Pay

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## PROFESSIONAL REFERENCES

1. Name/Title \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Work Phone (        ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_

2. Name/Title \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Work Phone (        ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_

**NOTE:** Additional references may be requested as part of hiring process.

HOW DID YOU HEAR ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?	<input type="checkbox"/> Village Web Site <input type="checkbox"/> Professional Organizational Website <input type="checkbox"/> Printed Publication <input type="checkbox"/> Referral <input type="checkbox"/> Other Source
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*Please Read Carefully*

### CERTIFICATION

I do solemnly swear (or certify) that the statements made and the information provided in conjunction with my application for employment are true, correct and complete, to the best of my knowledge. I understand that any false statement, in any detail, on the employment application or regarding any aspect of my applying for employment will be considered sufficient to disqualify me from consideration for employment, or if I am employed, dismissal, no matter when discovered.

I understand any offer of employment is contingent on my submission to a successful completion of a medical examination, including drug testing. I further understand that as a condition of my continued employment, I may, from time to time be required to submit to additional examinations or drug testing.

I understand the Village of Dolton conducts a criminal background check by fingerprinting and that (a) if I do not participate in the fingerprinting, I will not be eligible for employment; and (b) any offer of employment is subject to the results of the criminal background check.

I understand employment in certain positions is contingent upon and requires proof of a valid Class C or D State of Illinois driver's license and that continued employment is subject to maintaining the appropriate license in force. Further, certain positions require that candidates submit to a credit check in order to be considered and any subsequent offer of employment is subject to the results of the credit check.

I acknowledge this application is not intended to be a contract of employment and that employment with the Village of Dolton is on an "at will" basis, unless specified to the contrary as part of a collective bargaining agreement or written employment agreement. As such, the employment relationship may be ended by either the employee or the Village of Dolton.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

By checking this box, I acknowledge that I have read, understand and agree with all of the above stated information.

### RELEASE OF INFORMATION

I authorize the officers or employees of any former employer to furnish a complete history of my employment with their organization. I further authorize any law enforcement agency, administrator, state agency, educational institution or private information bureau that has any record or knowledge of my employment history, credit history, motor vehicle operation history, criminal record, education or other history or record to provide that information.

I consent to a medical examination, including drug testing and authorize the results of any testing or medical evaluation concerning my fitness for duty be provided to the Village of Dolton.

I release the Village of Dolton from any and all liability for damages which may result from conducting these investigations or obtaining any investigative or medical reports or test results. I further release any individual from any and all liability for damages that may result to me on account of my compliance with this authorization.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

By checking this box, I acknowledge that I have read, understand and agree with all of the above stated information.