

THE VILLAGE OF HAWTHORN WOODS



Employment Application

VILLAGE OF HAWTHORN WOODS
 2 LAGOON DRIVE
 HAWTHORN WOODS, ILLINOIS 60047
 (847) 438-5500
 (847) 438-1459 (FAX)
 Please print all answers

PERSONAL DATA

POSITION DESIRED: _____ SALARY DESIRED: \$ _____

DATE AVAILABLE: _____ Available for: _____ Full Time _____ Part Time _____ Summer/Seasonal

1. NAME: _____ Social Security No. _____
Last First MI Other

2. ADDRESS: _____
Number and Street City State Zip Code

3. ARE YOU 18 YEARS OF AGE OR OVER? _____ Yes _____ No

4. DRIVERS LICENSE NO./STATE: _____

5. PHONE: Area Code/Number HOME: _____ OFFICE: _____

6. ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE U.S.? _____ Yes _____ No

7. **EDUCATION AND TRAINING**

Circle Highest Grade Completed: seven or less 8 9 10 11 12

Did You Graduate? No _____ Yes _____ Year _____

High School Equivalency Test: Date Passed: _____ State Awarded: _____

TYPE OF SCHOOL	School Name City and State	Type of Diploma or Degree Awarded	Major Field	Grade Average	Dates Attended			
					From		To	
					Mo.	Yr.	Mo.	Yr.
LAST HIGH SCHOOL ATTENDED								
COLLEGES ATTENDED								
OTHER (Military, Trade, Business, Secretarial, etc.)								

SPECIAL QUALIFICATIONS (include active technical/professional licenses and numbers, academic or professional awards, typing or shorthand skills, etc.)

8.

EMPLOYMENT HISTORY

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In the space provided below, give your employment history, beginning with your present or most recent employer and list all positions held, including military, part-time, summer, volunteer work, and any periods of unemployment. An explanation of any period of unemployment should be included under Item 14 Page 3.

a. NAME OF EMPLOYER: _____ FROM: _____ TO: _____
 ADDRESS: _____ mo. yr. mo. yr.
 SALARY BEGINNING: _____ PER ANNUM
 PRESENT: _____ PER ANNUM
 PHONE: _____
 area code number
 JOB TITLE: _____ NAME & TITLE OF SUPERVISOR: _____
 REASON FOR LEAVING: _____ MAY WE CONTACT: YES NO
 Briefly describe the nature and duties of your position

b. NAME OF EMPLOYER: _____ FROM: _____ TO: _____
 ADDRESS: _____ mo. yr. mo. yr.
 SALARY BEGINNING: _____ PER ANNUM
 ENDING: _____ PER ANNUM
 PHONE: _____
 area code number
 JOB TITLE: _____ NAME & TITLE OF SUPERVISOR: _____
 REASON FOR LEAVING: _____
 Briefly describe the nature and duties of your position

c. NAME OF EMPLOYER: _____ FROM: _____ TO: _____
 ADDRESS: _____ mo. yr. mo. yr.
 SALARY BEGINNING: _____ PER ANNUM
 ENDING: _____ PER ANNUM
 PHONE: _____
 area code number
 JOB TITLE: _____ NAME & TITLE OF SUPERVISOR: _____
 REASON FOR LEAVING: _____
 Briefly describe the nature and duties of your position

d. NAME OF EMPLOYER: _____ FROM: _____ TO: _____
 ADDRESS: _____ mo. yr. mo. yr.
 SALARY BEGINNING: _____ PER ANNUM
 ENDING: _____ PER ANNUM
 PHONE: _____
 area code number
 JOB TITLE: _____ NAME & TITLE OF SUPERVISOR: _____
 REASON FOR LEAVING: _____
 Briefly describe the nature and duties of your position

List three persons who are not related to you by blood or marriage who have not already been listed in Item No. 8 who can comment on your education and/or work experience.

FULL NAME	COMPLETE HOME ADDRESS	OCCUPATION	PHONE:	
			OFFICE	HOME
			O: _____	H: _____
			O: _____	H: _____
			O: _____	H: _____

10. DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been dismissed from any position? _____
 Have you ever been forced to resign from any position? _____ (If answer is YES to either or both of these questions, give complete details under Item 14.)

11. CRIMINAL TRAFFIC, AND/OR CIVIL COURT RECORD: Have you ever been convicted of a non-juvenile _____ offense? _____ (If answer is YES, give complete details under Item No. 14. A conviction will not automatically exclude you from employment consideration.)

12. HAVE YOU EVER BEEN AN APPLICANT OR EMPLOYEE OF THE VILLAGE OF HAWTHORN WOODS?
 If Applicant Date of Application: _____ If Employee Position Title: _____
 Position Applied For: _____ Employment Dates: _____

13. PLEASE INDICATE SOURCE FROM WHICH YOU LEARNED OF THIS POSITION: _____

14. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

Item Number	Write in left column number to which answers apply.

GENERAL INFORMATION

In order to prevent a delay in the processing of your application, please be sure you have signed and dated this form on Page 4 and answered every question clearly and completely.

Each applicant appointed to a Village position must meet all requirements of the position, including the successful completion of a verbal/written examination, medical examination including a drug screening, and a confidential investigation. Each appointee must submit all requested documents.

I, the undersigned, certify that I have read and fully comprehend this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading or erroneous, it may result in the rejection of my application or discharge from the Village service. In submitting this application, I further understand that it becomes the property of The Village of Hawthorn Woods Government and will not be returned. I also understand that a drug screen will be required as a condition of employment.

Signature of Applicant

Date Signed

We thank you for making application for employment with The Village of Hawthorn Woods