



Village of Hawthorn Woods

Employment Application

Personal Information									
Full Name:					Date:				
<i>Last</i>			<i>First</i>			<i>M.I.</i>			
Address:									
<i>Street Address</i>						<i>Apartment/Unit #</i>			
<i>City</i>						<i>State</i>		<i>ZIP Code</i>	
Phone: (E-mail Address:				
Date Available:		Social Security No.:			Desired Salary:				
Position Applied for:									
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this Village ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
Have you ever been arrested or charged with a criminal offense?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:									
Have you ever been convicted of a criminal, traffic and or civil offense?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:									
Have you ever been dismissed from any position?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:									
Have you ever been forced to resign from any position?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:									
Education (Please attach diploma)									
High School:			Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:			Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:			Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:			Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Professional Certifications (Please attach certificate or license)									
Certification:					Date Awarded:				
Issued By:									

References*Please list three professional references.*

Full Name:		Relationship:	
Company:		Phone:	()
Address:			
Full Name:		Relationship:	
Company:		Phone:	()
Address:			
Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Previous Employment

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
		Reason for Leaving:	
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
		Reason for Leaving:	
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
		Reason for Leaving:	

Military Service

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

Disclaimer and Signature

I, the undersigned, certify that I have read and fully comprehend this form in its entirety and that the information herein provided is true, complete to the best of my knowledge. I understand that should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or discharge from Village service. In submitting this application, I further understand that it becomes the property of the Village of Hawthorn Woods and will not be returned. I also understand that I must meet all the requirements of the position, including the successful completion of a verbal/written examination, medical examination (including a drug screening) and a confidential background investigation.

Signature:

Date: