



# Village of Hawthorn Woods

## Employment Application

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:					Desired Salary:					
Position Applied for:		_____								
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 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:										
<b>Education (Please attach diploma)</b>										
High School:					Address:					
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:						
College:					Address:					
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:						
Other:					Address:					
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:						
Other:					Address:					
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:						
<b>Professional Certifications (Please attach certificate or license)</b>										
Certification:					Date Awarded:					
Issued By: _____										
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:			
Responsibilities:			
From:		To:	
Reason for Leaving:			
Company:		Phone:	
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:		To:	
Reason for Leaving:			
Company:		Phone:	
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:		To:	
Reason for Leaving:			

**Military Service**

Branch:		From:		To:	
Rank at Discharge:					

**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.*

*I authorize the Village and its officers and employees to investigate and verify any information I have provided in this Application and/or other materials that I have submitted with it, to contact and obtain information on academic, work, attendance or disciplinary history, references and any other information from my prior employers or schools I have attended, and to obtain any records of criminal conviction(s) concerning me. I also authorize any prior employer, reference, school or other individual or entity that I have listed in this application to provide any of this information to the Village and I waive any right I may have to be notified by any individuals or organizations prior to the release of any information to the Village, including the release of information concerning any disciplinary action taken against me by former employers. I agree to waive any claim or action in law or equity and release from any claim of liability by me whatsoever, the Village of Hawthorn Woods, its officers, agents and employees, and any of the persons or entities listed by me on this application and their officers, agents and employees, arising from the investigation, verification, or providing of information authorized or requested pursuant to my application for employment with the Village.*

*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:	
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