



The Village of Round Lake Park
The Community With a Heart

Employment Application

Village of Round Lake Park
 203 E. Lake Shore Dr.
 Round Lake Park, IL 60073
 Phone: (847) 546-2790

TODAY'S DATE: _____

POSITION APPLYING FOR: _____

TITLE: _____

APPLICANT INFORMATION				
Last Name:		First:		M.I.
Street Address:			Apartment/Unit #	
City:		State:		Zip:
Phone: ()		Cell phone: ()		E-mail Address:
Date Available:		Social Security No.		Desired Salary:

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.? (If hired, you will be required to provide documentation of your eligibility.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the Village of Round Lake Park?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of an offense other than a minor traffic violation? (Do not include convictions while a minor and/or convictions sealed by Court order.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, *explain:		
*If yes, please state nature of offense(s), date(s), city, state, and disposition. A conviction record is not an automatic bar to employment. The nature, recency, and disposition of an offense will be considered only as it relates to the job for which you are applying.					
Have you ever had a lawsuit filed against you resulting in either settlement or judgment being entered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Has a previous employer ever had a lawsuit filed against him/her/it because of you resulting in either settlement or judgment being entered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		

EDUCATION						
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post Graduate Work: ___ Yrs						
High School	Name:					
Address:						
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>				
NO, YR.	MO, YR.					
College(s)	Name:					
Address:						
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>			Major Subject(s):	
NO, YR.	MO, YR.					
Degree or Certificate and Date of Graduation:						

Business, Technical, or Certificate Programs		Name:	
Address:			
From: _____ MO./YR.	To: _____ MO./YR.	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Major Subject(s):
Degree or Certificate and Date of Graduation:			

EXPERIENCE - Please account for all employment within the last eight years, beginning with your current or most recent employer. In addition, please indicate any other experience that you feel is relevant to the position for which you are applying (e.g. volunteer experience, military experience, etc.) Attach an additional sheet if extra space is needed.
NOTE: All sections of this application must be completed even if resume is attached.

Name of Employer:		Phone: ()	
Address:		Supervisor's Name & Title:	
Job Title:	Starting Salary \$	Ending Salary \$	
Describe your Duties:			
From: _____ MO./YR.	To: _____ MO./YR.	Reason for Leaving:	
May we contact this employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Name of Employer:		Phone: ()	
Address:		Supervisor's Name & Title:	
Job Title:	Starting Salary \$	Ending Salary \$	
Describe your Duties:			
From: _____ MO./YR.	To: _____ MO./YR.	Reason for Leaving:	
May we contact this employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Name of Employer:		Phone: ()	
Address:		Supervisor's Name & Title:	
Job Title:	Starting Salary \$	Ending Salary \$	
Describe your Duties:			
From: _____ MO./YR.	To: _____ MO./YR.	Reason for Leaving:	
May we contact this employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

YOUR EMPLOYMENT RECORD

Have you even been terminated or forced to resign from a job for any reason? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

YES NO

Mo./Yr.	Specify Reason	Employer's Name and Address	State	Zip Code

MILITARY SERVICE

Branch:

From:

To:

MO./YR.

MO./YR.

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

OTHER

Do you possess a valid Illinois driver's license?

YES NO

License #

Circle Class:

A

B

C

D

Are you fluent in any language in addition to English? If yes, please specify your skills.

Language:

Understand Speak Write Read

Are you related to, or have a friendship with, any elected officer, appointed officer, or employee of the Village of Round Lake Park?

YES NO **PERSONAL REFERENCES** (Not former employees or relatives)

Name	Address	Telephone	Occupation

DISCLAIMER AND SIGNATURE (READ CAREFULLY BEFORE SIGNING)

I understand that my signature below and the information I have provided establishes no obligation on the part of the Village of Round Lake Park or its agencies to employ me. There has been no implied or expressed guarantee that my completion of this application will necessarily result in my employment. I authorize the Village of Round Lake Park or their agent to make any investigation and receive information relevant to my suitability for employment. I agree that if any misrepresentation has been made by me or the results of such investigations are not satisfactory in the judgment of the Village of Round Lake Park, any offer of employment may be withdrawn or my employment terminated immediately without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I further authorize any of my references, schools, or military authorities to furnish information requested by the Village of Round Lake Park and thereby release all such information on record to the Village of Round Lake Park. All statements made in this application may be verified, including checks of police records and former employers.

Signature _____

Date: _____

THE VILLAGE OF ROUND LAKE PARK IS AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER.
 WOMEN, MINORITIES AND INDIVIDUALS WITH DISABILITIES ARE ENCOURAGED TO APPLY.
 NO APPLICANT FOR EMPLOYMENT SHALL BE DISCRIMINATED AGAINST BECAUSE OF
 AGE, RACE, COLOR, RELIGION, SEX, MARITAL STATUS, NATIONAL ORIGIN, OR DISABILITY.

EQUAL EMPLOYMENT OPPORTUNITY FORM

TODAY'S DATE: _____

POSITION APPLYING FOR:

TITLE _____

APPLICANT INFORMATION

Last Name:		First:	M.I.
Street Address:		Apartment/Unit #	
City:	State:		Zip:
Social Security No.		Date of Birth:	

Voluntary Information

In order to comply with federal regulations in the area of Equal Opportunity Employment, employers must have data available on applicant flow patterns (41 CFR 60-2.12, 60-741.5, 60-250.5). For this reason, we would appreciate your voluntary cooperation in providing the following information. This information will be treated confidentially and will not result in adverse treatment of any individual. This information may be provided to government officials investigating our contract compliance status.

RACIAL OR ETHNIC GROUP

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other

GENDER

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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For VORLP Office Use Only

Forms Attached: Cover Letter Application Resume References

REVIEWED BY:	DATE:
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Remarks:

REVIEWED BY:	DATE:
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REVIEWED BY:	DATE:
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Remarks:

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Remarks: