

VILLAGE OF KENILWORTH EMPLOYMENT APPLICATION FORM



419 Richmond Road, Kenilworth, IL 60043
Phone: 847-251-1666 Fax: 847-251-3908 Email: info@villageofkenilworth.org

INSTRUCTIONS: Please type or print all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made are subject to verification. Exaggerated, false, or misleading statements may cause for rejections of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy are of the utmost importance. **Resumes may only be attached with a fully completed application.**

THE VILLAGE OF KENILWORTH IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with the Village of Kenilworth is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, sex, religion, veteran status, national origin, marital status, mental or physical disability or any other legally protected status. THOSE APPLICANTS REQUIRING REASONABLE ACCOMODATION TO THE APPLICATION/INTERVIEW PROCESS SHOULD NOTIFY THE VILLAGE MANAGER.

Applicant Information

Date of Application: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____ Email: _____

Position Applied for: _____

Desired salary/wage? _____ Date available to begin work: _____

Application for (Select Applicable Department if Known)

_____ Administration _____ Police Department _____ Public Works Department

1. If you are under 18 years of age and it is required, can you furnish a work permit?
 Yes No
2. Have you submitted an application to the Village before? Yes No
3. Have you ever been employed with the Village of Kenilworth before? Yes No
 If Yes, give dates of employment _____
4. Are you currently employed? Yes No
5. May we contact your present employer? Yes No
6. Are you legally eligible for employment in this country? Yes No
7. Available for: Part Time Employment Full Time Employment
 Seasonal
8. Will you be able to meet the attendance requirements of the position? Yes No
9. Are you willing to work overtime as required? Yes No
10. Are you currently on "lay-off" status and subject to recall? Yes No
11. Have you ever been convicted of any felony? YES NO.
12. Have you ever been convicted of a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery, or any criminal drug statute? YES NO.

If yes, describe: _____

13. Have you served in the U. S. Armed Forces (include National Guard or Reserves)
 _____? Date of duty: _____
14. Branch of service: _____ Applicable skills acquired: _____

| Driver's License Information |
|--|
| Do you have a valid Driver's License: _____ |
| Driver's License #: _____ |
| State: _____ Expiration Date: _____ |
| CDL Class (if applicable): _____ |
| Has Your license ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has Your License ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide dates and explanation: _____ _____ _____ |

Education (please include name of institution, city, and state)

| EDUCATION | SCHOOL Name/ Location | Number of Years Completed | MAJOR | YES/NO Degree/ Diploma |
|--|-----------------------------|---------------------------------|-------|------------------------------|
| High School | | | | |
| College/ University | | | | |
| Other Training, Education | | | | |

Work History

Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. If you have had more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

| | | |
|------------------------------|--------------------|---------------------|
| | | |
| Most recent employer | Address | Phone |
| | | |
| Date started | Starting Salary | Starting Position |
| | | |
| Date left | Salary on leaving | Position on leaving |
| | | |
| Name and title of supervisor | | |
| | | |
| Description of duties | Reason for leaving | |
| | | |

| | | |
|------------------------------|-------------------|---------------------|
| Employer | Address | Phone |
| Date started | Starting Salary | Starting Position |
| Date left | Salary on leaving | Position on leaving |
| Name and title of supervisor | | |
| Description of duties | | Reason for leaving |

| | | |
|------------------------------|-------------------|---------------------|
| Employer | Address | Phone |
| Date started | Starting Salary | Starting Position |
| Date left | Salary on leaving | Position on leaving |
| Name and title of supervisor | | |
| Description of duties | | Reason for leaving |

NOTE: Please explain any gaps in employment.

Skills, Licenses, Training, Etc. Applicable to Position

Please list:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE ESSENTIAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. YOU MAY OBTAIN A COPY OF THE JOB DESCRIPTION AT THE KENILWORTH VILLAGE HALL.

Are you capable of performing in a reasonable and safe manner, with or without reasonable accommodation, the essential job duties for the job or position for which you have applied?

Yes ___ No ___

Application Checklist

Did You:

- Answer all questions completely?
- Cover a full 10 years employment history, if applicable?
- Explain all gaps in employment?
- Submit copy of resume if applicable?
- Sign and date the application (next page)?

Applicant's Certification and Agreement

THE VILLAGE OF KENILWORTH IS AN EQUAL OPPORTUNITY EMPLOYER.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION AND HEREBY RELEASE AND WAIVE ANY CLAIM AGAINST THE VILLAGE OF KENILWORTH WHICH MAY ALLEGEDLY ARISE FROM SUCH INVESTIGATION. I FURTHER UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE EITHER CONTAINED IN MY APPLICATION OR GIVEN DURING ANY INTERVIEW AND ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE VILLAGE OF KENILWORTH'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT IS "AT-WILL" AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME, AT EITHER MY OR THE VILLAGE OF KENILWORTH'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE VILLAGE OF KENILWORTH.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Subsequent to an offer, I give my voluntary consent to be medically examined and agree to provide sample of urine which may be tested for use of drugs and/or controlled substances.

I understand that if I am hired, I will be required to provide proof of identity and information for compliance with the Immigration Reform and Control Act.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

Applicant's Signature _____ **Date** _____

Employment References

PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES, NOT RELATED TO YOU, THAT WE MAY CONTACT.

1. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____

2. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____

3. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____

Office Use Only – Do Not Write in this Space

Arrange Interview: _____ YES _____ NO
Date _____ Time _____
Interviewed by _____
Position interviewed for _____
Starting date: _____
Pre-employment screenings scheduled? _____
Hired _____ YES _____ NO Position _____
Pay Rate/Salary \$ _____ Department _____
Hired by _____ Date _____