



Village of WILLOWBROOK

835 Midway Drive
Willowbrook, IL 60527-5594

Phone: (630) 323-8215 Fax: (630) 323-0787 willowbrookil.org

APPLICATION FOR EMPLOYMENT

NAME		DATE	
REFERRED BY: <input type="checkbox"/> Newspaper Ad (specify) _____ <input type="checkbox"/> Job Posting <input type="checkbox"/> Other (specify) _____			
TITLE OF POSITION FOR WHICH APPLYING		DEPARTMENT	RATE OF PAY EXPECTED \$/_____/HOUR \$_____/MONTH
WOULD YOU WORK FULL TIME <input type="checkbox"/> Yes <input type="checkbox"/> No		WOULD YOU WORK PART TIME <input type="checkbox"/> Yes <input type="checkbox"/> No	
CURRENT ADDRESS	CITY & STATE	ZIP CODE	HOME PHONE NUMBER CELL NUMBER
PERMANENT ADDRESS (WHERE MAIL WILL ALWAYS REACH YOU)		DATE AVAILABLE TO START EMPLOYMENT	
IF HIRED, CAN YOU PROVIDE WRITTEN EVIDENCE THAT YOU ARE AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			

IMPORTANT INSTRUCTIONS

Make sure you meet the specified qualifications for the position before you fill out this application. A copy of the job classification for the position for which you are applying is available in the personnel office. The job classification defines the minimum qualifications you should possess in order to be considered for the position.

All statements are subject to investigation and verification. Any false statements will be cause for rejection and/or termination of employment with the Village.

**FILL OUT APPLICATION ON TYPEWRITER OR PRINT IN INK.
ANSWER ALL QUESTIONS.**

PRESENT OR LAST EMPLOYER FIRST	
EMPLOYER NAME	JOB TITLE, POSITION
ADDRESS	IMMEDIATE SUPERVISOR PHONE NO.
FROM MO/YR to MO/YR	BRIEF DESCRIPTION OF DUTIES
WEEKLY OR MONTHLY SALARY	
START FINAL	
REASON FOR LEAVING	
WHAT DID YOU LIKE LEAST ABOUT THIS JOB?	
ACCOUNT FOR PERIOD BETWEEN JOBS	
EMPLOYER NAME	JOB TITLE, POSITION
ADDRESS	IMMEDIATE SUPERVISOR PHONE NO.
FROM MO/YR to MO/YR	BRIEF DESCRIPTION OF DUTIES
WEEKLY OR MONTHLY SALARY	
START FINAL	
REASON FOR LEAVING	
WHAT DID YOU LIKE LEAST ABOUT THIS JOB?	
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WEEKLY OR MONTHLY SALARY	
START FINAL	
REASON FOR LEAVING	
WHAT DID YOU LIKE LEAST ABOUT THIS JOB?	
ACCOUNT FOR PERIOD BETWEEN JOBS	

EDUCATION					
SCHOOLING	NAME AND ADDRESS OF SCHOOLS		COMPLETED		
GRADE SCHOOL			1 2 3 4		
			5 6 7 8		
HIGH SCHOOL			9 10 11 12		
OTHER EDUCATION including Colleges attended and/or Business, Technical or Correspondence Schools		DESCRIPTION OF COURSES, MAJOR & MINOR FIELDS AND SEMESTER HOURS OF CREDIT EARNED		DID YOU GRADUATE?	CLASS STANDING
		_____ HRS.			
		_____ HRS.			
		_____ HRS.			
NOTE: Training taken under the G.I. Bill should be entered in this section if the training is germane to the position for which you are applying.					
HONORS AND EXTRA CURRICULAR ACTIVITIES IN HIGH SCHOOL					
HONORS, ACTIVITIES AND SCHOLARSHIPS IN COLLEGE					
ARE YOU ABLE TO PERFORM ALL ESSENTIAL JOB FUNCTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
MILITARY SERVICE RECORD					
HAVE YOU BEEN IN THE ARMED FORCES OF THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No			ARM OR BRANCH		
ENTERED		DISCHARGED		RANK WHEN DISCHARGED	SERVICE NUMBER
ARE YOU A MEMBER OF ANY ARMED FORCES RESERVE UNIT? <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO, WHICH UNIT: _____					
HAVE YOU TAKEN ANY TRAINING UNDER THE G.I. BILL OF RIGHTS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHAT TRAINING:					
WORK HISTORY					
HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN FROM A POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO, WHY?					
MAY WE REFER TO YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NOT, WHY?					
Occasionally the form of an application makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper position for you in the Village, please attach a separate piece of paper to summarize any additional information necessary to describe your full qualifications.					

☐ Have you been convicted of a felony within the last 5 years? ☐ Yes ☐ No If yes, please explain:_____

(Do not include any traffic violations, juvenile offenses, military convictions except by general court martial, misdemeanors or convictions that have been expunged, sealed, or impounded under Section 5 of the Criminal Identification Act.)

☐ Person to be notified in case of accident: Name:_____

Address:_____ Phone No:_____

☐ Do you have a valid Illinois driver's license? ☐ Yes ☐ No Type of license:_____

☐ Other questions/comments:_____

The Village of Willowbrook is an equal opportunity employer. It has a strict nondiscrimination policy applicable to all of its services, benefits and activities including but not limited to recruitment, applications, selection and employment.

Individuals with disabilities requiring accommodation to participate in the application or testing process shall notify the Village's ADA Compliance Coordinator of their need for accommodation when their interview and/or test is being scheduled.

Any verbal request for accommodation must be followed up by a written request **within five working days** of the original request. The written request must state what type of accommodation is being requested.

BEFORE SIGNING CERTIFICATE. CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment will be based only on your merit and on no other consideration.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information that would, if disclosed, affect my application. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for will result in my failure to be hired or immediate dismissal if discovered post-hire. I authorize the investigation of all matters contained in this application and hereby give the Village of Willowbrook permission to contact schools, previous employers, references, and others, and hereby release the Village of Willowbrook and all persons and corporations requesting or supplying such information from any liability as a result of such contact.

I UNDERSTAND that, absent the Village of Willowbrook's specific agreement to the contrary, the Village of Willowbrook may call some or all of my former places of employment both to verify the dates of my employment and to seek information regarding my job conduct and performance while so employed. My signature on the authorization form accompanying this application specifically authorizes each and every of my former employers to release information regarding my job conduct and performance as an employee.

I UNDERSTAND that should I be given employment, such employment shall be at will for an indefinite period of time and may be terminated at will, at any time, for any reason, by me or by the Village of Willowbrook without notice. I further understand that only the Mayor of the Village of Willowbrook has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at-will understanding and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Village of Willowbrook terms of employment and policy and procedures, as issued and amended from time to time by the Village of Willowbrook.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

Applicants are required to furnish proof of identity and proof of legal authorization to work in the United States, prior to hire.

(Signature)

(Date)

THE VILLAGE OF WILLOWBROOK DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, ANCESTRY, SEX, AGE, RELIGION, SEXUAL ORIENTATION, MARITAL STATUS, CITIZENSHIP STATUS, PHYSICAL OR MENTAL DISABILITY, MILITARY STATUS OR UNFAVORABLE DISCHARGE FROM THE MILITARY.