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EMPLOYMENT APPLICATION

Equal Opportunity Employer

INSTRUCTIONS FOR COMPLETING THIS EMPLOYMENT APPLICATION

We welcome you as an applicant for employment for the Village of Lemont. It is the policy and intent of the Village of Lemont to provide equal opportunity in employment to all persons. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

This policy applies to all types of full-time, part-time, temporary, and seasonal employment. All information contained in or connected with this application will be considered personal, confidential, to the extent possible, and to be used only in conjunction with your possible employment with the Village of Lemont.

Please complete the information as requested in this application. Do not submit a resume in place of completing any part of this application. If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact the Human Resources Division at (630) 257-1590. You may return the completed application to: Village of Lemont, 418 Main St., Lemont, IL 60439; Fax: (630) 243-0958; Email: vlemont@lemont.il.us.

Please identify the specific positions(s) from our open job listings for which you are applying. ☐ Full-Time ☐ Part-Time Date Available: Minimum Salary: per hr. / yr. ☐ Temporary ☐ Summer/Seasonal **GENERAL INFORMATION** First Name: Middle Initial: Last Name: Home Phone:() Cell Phone:(Email Address: Present/Permanent Address: City: Zip Code: County: State: If employed, can you provide proof of authorization to work in the U.S.? ☐ Yes ☐ No Are you related to any employee of the Village of Lemont? \square Yes \square No If yes, state their name and relationship to you: Have you ever been previously employed by the Village of Lemont? \square Yes \square No In what position? When? Were you referred by a Village of Lemont employee? ☐ Yes ☐ No

If yes, please name the	e employee:			
Are you at least 18 years	of age? □ Yes □ No			
Have you ever been term	ninated from employment or asked to resign	by an empl	loyer? □ Yes □] No
If yes, please provide con	mpany names and details			
Can you work any shift?	☐ Yes ☐ No Can you work overt	ime, includi	ing weekends?	Yes □ No
accommodation? Ye	the essential functions of the job for which es No If no, please explain. (If you hou are applying, please ask the interviewer becomes a structure.)	ave any que	estion as to what fu	nctions are applicable to
EDUCATIONAL INI	FORMATION		,	
Type of School	Name and Mailing Address of School	Major	Circle Last Year Completed	Degree Earned (If yes, indicate degree)
High School			9 10 11 12	Yes No
College/University			9 10 11 12	Yes No
Graduate School			9 10 11 12	Yes No
Technical/ Trade School			9 10 11 12	Yes No
Other			9 10 11 12	Yes No
,	chool graduate, have you passed the GED to			this position:
List any licenses or ce	rtificates relating to this position:			
List any other skills/ex	sperience that relate to this position (Typing	, Software S	Skills, Heavy Mach	inery, etc.):
	e, business or civic activities or associations ler, race, religion, national origin, age, ance			

EMPLOYMENT HISTORY

additional sheet as needed. Please do not write, "see resume." May the Village of Lemont contact your current employer? \square Yes \square No **Employer:** Phone Number: State: Address: Citv: Zip: Reason for Leaving: Dates of Employment: Your Job Title: _____ Supervisor's Name: Supervisor's Email: Hours Per Week: Your Duties: Employer: _____ Phone Number: Address: City: State: Zip: Dates of Employment: Reason for Leaving: Your Job Title: Supervisor's Name: Supervisor's Email: Hours Per Week: Your Duties: Employer: Phone Number: State: Address: Zip: City: Dates of Employment: Reason for Leaving: Your Job Title: Supervisor's Name: Hours Per Week: Supervisor's Email: Your Duties: Phone Number: Employer: Address: Citv: State: Zip: Dates of Employment: Reason for Leaving: Supervisor's Name: Your Job Title: Hours Per Week: Supervisor's Email: Your Duties:

Please begin with your present or most recent employer and provide all the information requested. Attach

PROFESSIONAL REFERENCES:

Please list three references that are familiar with your work history and experience. Do not list relatives, friends or personal references.

Name:	Company:
Business Relationship:	Years Known:
Phone Number:	Email Address:
Name:	Company:
Business Relationship:	Years Known:
Phone Number:	Email Address:
Name:	Company:
Business Relationship:	Years Known:
Phone Number:	Email Address:

APPLICANT AGREEMENT: RELEASE AND CERTIFICATION Please read before signing. Questions regarding this statement should be directed to the Human Resources Manager prior to signing.

I hereby certify that all answers to the questions herein are true, accurate and complete to the best of my knowledge. I agree and understand that any false statements, misrepresentations or omissions of fact contained in this application (or any other accompanying or required documents) may cause the rejection of this application or termination of employment without notice or benefits, regardless of how or when discovered.

I understand that all candidates hired are subject to satisfactory completion of a post-offer, pre-employment physical exam, drug screen, and background check. I authorize the investigation of all statements and information contained in this application. I release the Village of Lemont from any and all liability that might result from conducting a background investigation. I also release from liability anyone supplying information pursuant to such investigation.

I understand that the Village of Lemont is an at-will employer and that this application is not, nor is it intended to be, a contract of employment. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Village of Lemont to hire me. If I am hired, I understand that either the Village of Lemont or I can terminate my employment at any time and for any reason, with or without cause and without prior notice.

	e above statements and hereby grant permission to verify the information ployment and employment related documents I have provided.
PRINT NAME:	
SIGNATURE:	DATE: