**APPLICATION FOR EMPLOYMENT**

Please return to:

Village of Lemont, Human Resources Department

418 Main Street

Lemont, Illinois 60439

Fax: (630) 243-0958 Email: mailto:vlemont@lemont.il.us

# 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. 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 and confidential and 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 Personnel Department at (630) 257-1590.

**Please identify the specific positions(s) from our open job listings for which you are applying.**

1. 2.

|  |  |  |  |
| --- | --- | --- | --- |
| * Full-Time * Temporary   **GENERAL INFORM** | * Part-Time * Summer   **ATION** | Date Available: |  |
| Minimum Salary: | per hr / yr |
|  |  |
| Last Name: | | First Name: | Middle Initial: |
| Home Phone: ( ) Work Phone: ( ) | | | Email Address: |
| Present Permanent Address: | | City: |  |
| State: Zip Code: | | County: | How long lived there? |
| Driver’s License Number: | | State: Class: | Expiration Date: |

Is this license currently valid?  Yes  No Do you have a valid CDL?  Yes  No

## Social Security Number: If *“yes”* you must complete Application Supplement 01.01.0

Have you ever been found guilty of a crime other than a petty moving violation?  Yes  No **(You are not required to disclose records of arrests or convictions that have been sealed or expunged by a court)** If yes, please explain:

Are you legally eligible for employment in the United States?  Yes  No

Are you related to any employee of the Village of Lemont or an elected official?  Yes  No If yes, state their name and relationship to you:

Have you ever been previously employed by the Village of Lemont?  Yes  No

When? In what position?

Were you referred by a Village of Lemont employee?  Yes  No If yes, please name the employee:

Are you at least 18 years of age?  Yes  No Are you over 70 years of age?  Yes  No

**EDUCATIONAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  |  | 9 10 11 12 | Yes No |
| Technical/Business/ Trade School |  |  | 9 10 11 12 | Yes No |
| Other |  |  | 9 10 11 12 | Yes No |

If you are not a high school graduate, have you passed the GED test?  Yes  No

List any correspondence courses, special courses, seminars, workshops, etc., that might relate to this position:

List any licenses or certificates relating to this position:

List any other skills/experience that relate to this position (Typing, Software Skills, Heavy Machinery, etc.):

List professional, trade, business or civic activities or associations to which you belong. (Please exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.):

**EMPLOYMENT HISTORY**

Please begin with your present or most recent employer and provide all the information requested. Please do not write, “see resume.”

May the Village of Lemont contact your current employer?  Yes  No

**Employer:** Phone Number:

|  |  |  |  |
| --- | --- | --- | --- |
| Address: | City: | State: | Zip: |
| Dates of Employment: | Reason for Leaving: |  |  |
| Title: | Supervisor’s Name: |  |  |
| Ending Salary: | Hours Per Week: |  |  |
| Duties: |  |  |  |
| **Employer:** | Phone Number: |  |  |
| Address: | City: | State: | Zip: |
| Dates of Employment: | Reason for Leaving: |  |  |
| Title: | Supervisor’s Name: |  |  |
| Ending Salary: | Hours Per Week: |  |  |
| Duties: |  |  |  |
| **Employer:** | Phone Number: |  |  |
| Address: | City: | State: | Zip: |
| Dates of Employment: | Reason for Leaving: |  |  |
| Title: | Supervisor’s Name: |  |  |
| Ending Salary: | Hours Per Week: |  |  |
| Duties: |  |  |  |
| **Employer:** | Phone Number: |  |  |
| Address: | City: | State: | Zip: |
| Dates of Employment: | Reason for Leaving: |  |  |
| Title: | Supervisor’s Name: |  |  |
| Ending Salary: | Hours Per Week: |  |  |
| Duties: |  |  |  |

**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: |  |
| **Name:** | Company: |
| Business Relationship: | Years Known: |
| Phone Number: |  |
| **Name:** | Company: |
| Business Relationship: | Years Known: |
| Phone Number: |  |

|  |
| --- |
| **APPLICANT AGREEM**E**NT: RELEASE AND CERTIFICATION**  **Please read before signing. Questions regarding this statement should be directed to any employment interviewer 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 probationary period and 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 is an at-will employer.    I understand that this application is not, nor is it intended to be, a contract of employment. If hired, I agree to abide by all applicable Village of Lemont rules and regulations. I understand that the Village of Lemont has the right to modify, change, add or delete existing policies and that I am required to comply with said policies. I understand that if hired, I will be required to verify that I am eligible to work in the United States.    I acknowledge that I have read the above statements and hereby grant permission to verify the information supplied on this application for employment and employment related documents I have provided.      **PRINT NAME:** |
| **SIGNATURE: DATE:** |
|  |

**AUTHORIZATION FOR RELEASE OF INFORMATION TO THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT**

*(Instructions: Applicant should initial each paragraph herein on the blank line preceding the paragraph’s content, acknowledging he/she has read and agrees to the same.)*

\_\_\_\_\_\_\_\_ TO WHOM IT MAY CONCERN: I AM AN APPLICANT FOR A POSITION WITH THE LEMONT EMERGENCY MANAGEMENT AGENCY. THE LEMONT POLICE DEPARTMENT NEEDS TO THOROUGHLY INVESTIGATE MY EMPLOYMENT BACKGROUND AND PERSONAL HISTORY TO EVALUATE MY QUALIFICATION TO HOLD THE POSITION FOR WHICH I APPLIED. THIS AUTHORIZATION IS INTENDED TO PROVIDE FULL AND FREE ACCESS TO ANY AND ALL INFORMATION OR DOCUMENTS IN YOUR POSSESSION RELATING TO ME, FOR THE SPECIFIC PURPOSE OF ALLOWING THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT TO CONDUCT A BACKGROUND INVESTIGATION SO THAT THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT CAN DETERMINE MY SUITABILITY FOR EMPLOYMENT. \_\_\_\_\_\_\_\_ I GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE TO THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT OF ANY AND ALL PUBLIC AND PRIVATE INFORMATION, INCLUDING ANY FILES OR RECORDS WHICH ARE DEEMED TO BE CONFIDENTIAL, AND/OR SEALED, THAT YOU MAY HAVE CONCERNING ME. I AUTHORIZE ANY REPRESENTATIVE OF THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT BEARING THIS AUTHORIZATION OR A COPY THEREOF, TO OBTAIN ANY AND ALL SUCH INFORMATION IN YOUR FILES PERTAINING TO ME, SPECIFICALLY, BUT NOT LIMITED TO:

\_\_\_\_\_\_\_\_ 1. MY EMPLOYMENT RECORDS;

\_\_\_\_\_\_\_\_ 2. MY MILITARY SERVICE RECORDS;

\_\_\_\_\_\_\_\_ 3. MY MEDICAL AND PSYCHIATRIC/PSYCHOLOGICAL RECORDS;

\_\_\_\_\_\_\_\_ 4. MY EDUCATIONAL RECORDS;

\_\_\_\_\_\_\_\_ 5. MY FINANCIAL AND CONSUMER CREDIT RECORDS;

\_\_\_\_\_\_\_\_ 6. MY CRIMINAL HISTORY RECORD, INCLUDING ANY ARREST AND CONVICTION RECORDS;

\_\_\_\_\_\_\_\_ 7. ANY INFORMATION CONTAINED IN INVESTIGATORY FILES, INTERNAL AFFAIRS INVESTIGATIONS FILES AND DISCIPLINE RECORDS;

\_\_\_\_\_\_\_\_ 8. ANY EFFICIENCY RATINGS, COMPLAINTS OR GRIEVANCE FILED BY OR AGAINST ME;

\_\_\_\_\_\_\_\_ 9. MY ATTENDANCE RECORDS; AND

\_\_\_\_\_\_\_\_10. MY POLYGRAPH EXAMINATIONS.

\_\_\_\_\_\_\_\_ I DIRECT EVERY PERSON, FIRM, COMPANY, CORPORATION, GOVERNMENTAL AGENCY, COURT, ASSOCIATION, EDUCATIONAL INSTITUTION, HOSPITAL OR OTHER REPOSITORY OR MEDICAL RECORDS, HAVING CONTROL OF ANY DOCUMENTS, RECORDS AND OTHER INFORMATION PERTAINING TO ME, TO RELEASE SUCH INFORMATION UPON REQUEST OF THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT.

\_\_\_\_\_\_\_\_ I RELEASE EVERY PERSON, FIRM, COMPANY, CORPORATION, GOVERNMENTAL AGENCY, COURT, ASSOCIATION, EDUCATIONAL INSTITUTION, HOSPITAL OR OTHER REPOSITORY OF MEDICAL RECORDS, INCLUDING ITS OFFICERS, EMPLOYEES OR AGENTS, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND, INCLUDING ANY LIABILITY OR DAMAGES PURSUANT TO ANY STATE OR FEDERAL LAWS, WHICH MAY RESULT AT ANY TIME TO ME, MY HEIRS, MY FAMILY OR ASSOCIATES, BECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION AND REQUEST TO RELEASE INFORMATION, OR ANY ATTEMPT TO COMPLY WITH IT. I DIRECT YOU TO RELEASE SUCH INFORMATION UPON THE REQUEST OF THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT REGARDLESS OF ANY AGREEMENT I MAY HAVE HAD WITH YOU PREVIOUSLY TO THE CONTRARY.

\_\_\_\_\_\_\_\_ FOR AND IN CONSIDERATION OF THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT’S ACCEPTANCE AND PROCESSING OF MY APPLICATION FOR EMPLOYMENT AND ADDITIONAL CONSIDERATION OF THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT AGREEMENT TO MAINTAIN ALL INFORMATION RECEIVED UNDER THIS AUTHORIZATION CONFIDENTIAL, AS PROVIDED FOR BELOW IN THIS PARAGRAPH, AND FOR OTHER ADEQUATE AND VALUABLE CONSIDERATION, THE SUFFICIENCY OF WHICH IS ACKNOWLEDGED, I AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS THE LEMONT EMERGENCY MANAGEMENT AGENCY, ITS OFFICIALS, AGENTS AND EMPLOYEES, THE VILLAGE OF LEMONT, ITS OFFICIALS, AGENTS AND EMPLOYEES, THE LEMONT POLICE DEPARTMENT, ITS AGENTS AND EMPLOYEES, ITS COMMISSIONERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL CLAIMS AND LIABILITY FOR DAMAGES ASSOCIATED, DIRECTLY OR INDIRECTLY, WITH MY APPLICATION FOR EMPLOYMENT OR IN ANY WAY CONNECTED WITH THE COLLECTION OF INFORMATION PURSUANT TO THIS AUTHORIZATION BY THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT. I UNDERSTAND THAT THE INFORMATION OBTAINED BY THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT UNDER THIS AUTHORIZATION SHALL REMAIN CONFIDENTIAL EXCEPT FOR ITS USE BY THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT IN EXAMINING MY QUALIFICATIONS TO HOLD OR RETAIN THE POSITION APPLIED FOR AND SUCH INFORMATION MAY BE RELEASED OR DESTROYED ONLY AS REQUIRED BY LAW OR AS APPROVED BY THE APPLICANT AND THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT.

\_\_\_\_\_\_\_\_ I UNDERSTAND MY RIGHTS UNDER TITLE 5, UNITED STATES CODE, SECTION 552a, THE PRIVACY ACT OF 1974, WITH REGARD TO ACCESS AND TO DISCLOSURE OF RECORDS, AND I WAIVE THOSE RIGHTS WITH THE UNDERSTANDING THAT INFORMATION FURNISHED WILL BE USED BY THE LEMONT EMERGENCY MANAGEMENT AGENCY AND THE LEMONT POLICE DEPARTMENT IN CONJUNCTION WITH EMPLOYMENT PROCEDURES.

\_\_\_\_\_\_\_\_ I HAVE ALSO BEEN ADVISED THAT I HAVE THE RIGHT, UNDER SECTION 1681(b) OF THE FAIR CREDIT REPORTING ACT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATION.

\_\_\_\_\_\_\_\_ A PHOTO OR FAX COPY OF THIS AUTHORIZATION FORM WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY OR FAX DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

\_\_\_\_\_\_\_\_ I AGREE TO PAY ANY AND ALL CHARGES OF FEES CONCERNING THE AUTHORIZATION AND CAN BE BILLED FOR SUCH CHARGES AT THE ADDRESS LISTED ON THIS FORM.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_