



VILLAGE OF HODGKINS



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS:

Complete this application packet accurately and thoroughly. Type or Print *CLEARLY*. Refer to the Application Information sheet for all requirements that are needed to complete this application packet. Any incomplete or unanswered sections can result in this application being eliminated from the testing process. All answers or statements in this application are subject to verification. If more space is needed, use the continuation pages at the end of this application. Identify question by number when using continuation page. Use the term 'DNA' when a question or section Does Not Apply.

POSITION APPLIED FOR:

PART-TIME

FULL-TIME

POSITION DESIRED: _____

1. NAME (PRINT)

(Last)

(First)

(Middle)

2. List any other names, aliases, maiden names you have used or been known by:

3. Home Address:

Number	Street	City	State	Zip Code
4. Home Phone:	5. Cell Phone:	6. Date Of Birth: (Month/Day/Year)	7. Sex: (circle one)	
- -	- -	/ /	M F	
8. Place Of Birth (City, State)			9. Social Security Number:	
			- -	
10. Are You A United States Citizen:		If Yes (Check One)		If Naturalized: Attach a Copy of Certification
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Native Born	<input type="checkbox"/> Naturalized	

YES

NO

Native Born

Naturalized

DRIVING HISTORY

11. Do You Possess A Valid Illinois Drivers License?

YES

NO

Drivers License Number:

Date Of Expiration:

12. Has Your Drivers License Ever Been Suspended Or Revoked?

YES

NO

If Yes - Explain:

FAMILY INFORMATION

LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING-INCLUDE FATHER, MOTHER, SISTERS & BROTHERS

13. NAME:	ADDRESS:	PHONE:	RELATION:	OCCUPATION:

<p>14. Are You Bilingual?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>If YES - List Languages You Speak and/or Write:</p>
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MILITARY SERVICE

<p>15. Have You Ever Served In Any Branch Of The United States Military?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>If YES - List Branch</p>
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16. Give Date and Location of Entrance Into Active Duty:
(City/State)

17. List All Period (s) of Active Service:

From (Date)	To (Date)	Unit:	Address:

18. What Type Of Discharge Did You Receive?
Be Exact and Attach a Copy of Your Discharge (DD214)

19. Give Date and Location of Discharge From Active Duty:
(City/State)

20. List Any Disciplinary Action Taken Against You While In The Military Service: Active, Reserve or National Guard:

SOCIAL STATUS

21. Are You: Single Married Separated Widowed Divorced

22. Are You Living With Your Spouse? YES NO If No - Explain:

EDUCATION

23. List The Various Schools You Have Attended and Other Information Requested:

Name & Address of School (Include City, State, Zip)	# Of Years Completed	Date(s) Attended	Graduate		Average Grade
			YES	NO	
Grammar Schools					
High Schools					
College/University					
Business Schools/Trade School					

ACQUAINTANCES

24. List The Names Of Two (2) Adults, Not Related To You & Not Former Employers or References, Who Are Friends, Fellow Students or Co-Workers. Names Listed Should Be Those Persons Who Have Seen You Frequently During The Past Year:

Name	Address	Phone
Occupation	Business Address	How Long Have You Known This Person

Name	Address	Phone
Occupation	Business Address	How Long Have You Known This Person

EMPLOYMENT HISTORY

25. List All Jobs You Have Held For The Past Fifteen (15) Years, Including Periods of Unemployment. List Your Present or Most Recent Job First. Include Military Service.

Employer's Name:	Complete Address & Phone Number:	Type of Business:	
Name of Supervisor:	Dates Of Employment:	Annual Salary:	Your Job Title:
Your Duties:	Reason For Leaving:		

Employer's Name:	Complete Address & Phone Number:	Type of Business:	
Name of Supervisor:	Dates Of Employment:	Annual Salary:	Your Job Title:
Your Duties:	Reason For Leaving:		

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Name of Supervisor:	Dates Of Employment:	Annual Salary:	Your Job Title:
Your Duties:	Reason For Leaving:		

USE CONTINUATION PAGE IF MORE SPACE IS REQUIRED

26. Were You Ever Discharged or Forced To Resign Because of Misconduct or Unsatisfactory Service or While Under Investigation? YES NO If YES - Give Names, Addresses & Phone #'s of Employers

27. Indicate Any Of The Listed Employers Whom You Do Not Want Us To Contact and Explain Reasons:

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“UNITED WE STAND”

28. Were You Ever Suspended or Expelled From Any School? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES - Explain:
29. List Any Other Formal Education You May Have, Including Special Training Courses:	
30. List Any Professional Licenses or Certificates You Hold or Have Held:	

RESIDENCES

31. List Your Addresses For The Last Fifteen Years, Starting With Current Address:			
FROM (Month/Year)	TO (Month/Year)	ADDRESS	City, State, Zip Code

CRIMINAL HISTORY

32. Have You Ever Been Convicted Of A Felony Or Misdemeanor? YES NO

		If YES - Explain:	
DATE ARRESTED	BY WHOM (POLICE AGENCY)	OFFENSE	FINAL DISPOSITION

33. Are There Any Warrants, Traffic or Otherwise, Now Pending Against You? YES NO

If YES - Explain:

34. List All Traffic Citations You Have Received:

Location (City/State)	Approx. Date:	Violation:	Disposition

“UNITED WE STAND”

REFERENCES

35. List The Names Of Three (3) Adults Not Related To You and Not Former Employers, Who Have Known You For A Period Of Preferably More Than Five Years. All Persons You List Will Be Asked To Appraise Your Character, Ability, Experience, Personality and Other Qualities.

NAME:		ADDRESS:		PHONE:	
OCCUPATION:	BUSINESS ADDRESS:			YEARS KNOWN:	

NAME:		ADDRESS:		PHONE:	
OCCUPATION:	BUSINESS ADDRESS:			YEARS KNOWN:	

NAME:		ADDRESS:		PHONE:	
OCCUPATION:	BUSINESS ADDRESS:			YEARS KNOWN:	

CONTINUATION SHEET

INDICATE IN THE LEFT HAND COLUMN THE ITEM/QUESTION NUMBER YOU ARE ANSWERING, THEN COMPLETE YOUR ANSWER IN THE SPACE PROVIDED. IF YOU NEED MORE SPACE, ATTACH ANY ADDITIONAL SHEETS TO THIS APPLICATION.

ITEM #

CONTINUATION ANSWER

EMERGENCY NOTIFICATION

NAME:	ADDRESS:	PHONE: (Home & Mobile)
NAME:	ADDRESS:	PHONE: (Home & Mobile)

I hereby certify that there are no willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE:



THE VILLAGE OF HODGKINS
IS AN
EQUAL OPPORTUNITY EMPLOYER



UNITED WE STAND

Village of Hodgkins

8990 Lyons Street
Hodgkins, Illinois 60525
708-579-6700
Fax 708-579-6707
www.villageofhodgkins.org

Village President
Noel B. Cummings

Village Clerk
Stephanie Gardner

AUTHORIZATION TO RELEASE INFORMATION

NAME _____ DOB: _____
(First – Middle- Last)

Address _____ SS# _____
(Street, City, State, Zip)

Driver's License #: _____ State _____

To Whom It May Concern:

I am an applicant for a position with the Village of Hodgkins. The Village needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Department.

I hereby authorize any representative of the Village of Hodgkins bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, and any part thereof, concerning myself, by and to any duly authorized agent of the Village of Hodgkins, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Village of Hodgkins to consider in determining my suitability for employment in the Village. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, and information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of records from any and all liability for damages if whatever kind, which may at any time result to me, my heirs, 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 request of the duly accredited representative of the Village of Hodgkins, regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

- OVER -

For and in consideration of the Village of Hodgkins acceptance and processing of my application for employment, I agree to hold the Village of Hodgkins, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Village of Hodgkins. I understand that should information of serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Village of Hodgkins in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid from the date of my signature, up to and including January 31, 2016. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person, to who this request is presented, and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

(Date)

(Applicant Signature)

Subscribed and sworn to before me this day of

Notary Public _____
(Signature)

***MUST SIGN IN PRSENCE OF NOTARY**