



**VILLAGE
OF
ALGONQUIN**

APPLICATION FOR EMPLOYMENT

Please return to:
Office of Human Resources
2200 Harnish Drive
Algonquin, IL 60102-5995

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the Village of Algonquin to provide equal opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, political affiliation, marital status, physical or mental handicap, sex, age or other protected categories, in all aspects of our personnel policies, programs, practices and operations. This policy applies to all phases of Village 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 by the Village of Algonquin. Please furnish us with complete information as outlined in this application. Incomplete applications may not be considered. Applications are considered active for 90 days. You are encouraged to attach a resume or any additional information that you believe qualifies you for the position for which you are applying. Please use typewriter or ink.

PLEASE TYPE OR PRINT IN INK

| | | |
|----------------------|---|---------------------|
| POSITION APPLIED FOR | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL | DATE AVAILABLE |
| | | MIN. SALARY DESIRED |

PERSONAL INFORMATION

| | | | | |
|--|--|--------------------------------------|-------|--|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | | |
| PRESENT PERMANENT ADDRESS | CITY/VILLAGE | COUNTY | STATE | ZIP |
| HOME TELEPHONE NO. () | E-MAIL ADDRESS (By providing your email, correspondence regarding this process will be sent via email) | | | |
| ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? DO YOU HAVE THE APPROPRIATE AND VALID LICENSES FOR THE POSITION FOR WHICH YOU ARE APPLYING? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU AT LEAST 18 YEARS OF AGE? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HOW DID YOU HEAR ABOUT THE POSITION THAT YOU ARE APPLYING FOR (i.e. Newspaper, Radio, College, Organization, etc.)? | | | | |

EDUCATIONAL INFORMATION

| | | | | |
|--|---------------------------|---|--|-------|
| CIRCLE HIGHEST GRADE COMPLETED - GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 13 14 15 16 POST GRADUATE 1 2 MA PHD | | | | |
| NAME & LOCATION OF LAST HIGH SCHOOL | | DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO | HAVE YOU PASSED THE GED TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| TYPE SCHOOL | NAME & LOCATION OF SCHOOL | NO. OF CREDITS | DEGREE | MAJOR |
| COLLEGE/ UNIVERSITY | | | | |
| COLLEGE/ UNIVERSITY | | | | |
| GRADUATE | | | | |
| TECHNICAL | | | | |
| OTHER | | | | |
| LIST ANY CORRESPONDENCE OR SPECIAL COURSES, SKILLS, SEMINARS, WORKSHOPS, TRAINING SESSIONS, LICENSES OR CERTIFICATES RELATING TO THIS POSITION | | | | |
| | | | | |
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PREVIOUS EMPLOYMENT

PLEASE LIST EMPLOYERS BEGINNING WITH YOUR **PRESENT OR MOST RECENT EMPLOYMENT** (attach an additional sheet of paper if necessary). **IT IS IMPORTANT TO BE COMPLETE. YOU ARE ENCOURAGED TO SUBMIT A PERSONAL RESUME IN ADDITION TO THIS APPLICATION.**

| | | | | |
|--|----------|--|--|----------------------|
| 1 | EMPLOYER | MAILING ADDRESS | CITY/ZIP | TELEPHONE NO. |
| POSITION HELD/DUTIES PERFORMED | | | | IMMEDIATE SUPERVISOR |
| EMPLOYMENT DATES FROM TO | | LAST SALARY \$ PER | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | REASON FOR LEAVING |

| | | | | |
|--|----------|--|--|----------------------|
| 2 | EMPLOYER | MAILING ADDRESS | CITY/ZIP | TELEPHONE NO. |
| POSITION HELD/DUTIES PERFORMED | | | | IMMEDIATE SUPERVISOR |
| EMPLOYMENT DATES FROM TO | | LAST SALARY \$ PER | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | REASON FOR LEAVING |

| | | | | |
|--|----------|--|--|----------------------|
| 3 | EMPLOYER | MAILING ADDRESS | CITY/ZIP | TELEPHONE NO. |
| POSITION HELD/DUTIES PERFORMED | | | | IMMEDIATE SUPERVISOR |
| EMPLOYMENT DATES FROM TO | | LAST SALARY \$ PER | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | REASON FOR LEAVING |

| | | | | |
|--|----------|--|--|----------------------|
| 4 | EMPLOYER | MAILING ADDRESS | CITY/ZIP | TELEPHONE NO. |
| POSITION HELD/DUTIES PERFORMED | | | | IMMEDIATE SUPERVISOR |
| EMPLOYMENT DATES FROM TO | | LAST SALARY \$ PER | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | REASON FOR LEAVING |

| | | | |
|---------------------------------------|------------------------------|-----------------------------|-----------------------|
| MAY WE CONTACT YOUR PRESENT EMPLOYER? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | IF NO PLEASE EXPLAIN: |
|---------------------------------------|------------------------------|-----------------------------|-----------------------|

CONVICTION INFORMATION

THE VILLAGE OF ALGONQUIN WILL NOT AUTOMATICALLY REJECT AN APPLICANT WHO HAS BEEN CONVICTED.

| | | |
|--|-------------------|-------------|
| HAVE YOU EVER BEEN CONVICTED AS AN ADULT OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| IF SO, DATE AND PLACE | NATURE OF OFFENSE | DISPOSITION |
| IF SO, DATE AND PLACE | NATURE OF OFFENSE | DISPOSITION |

NOTICE TO APPLICANTS (PLEASE READ BEFORE RETURNING THE APPLICATION)

I UNDERSTAND AND AGREE THAT ALL INFORMATION FURNISHED IN THIS APPLICATION MAY BE VERIFIED BY THE VILLAGE OF ALGONQUIN OR ITS AUTHORIZED REPRESENTATIVE. I WAIVE ANY RIGHT I MAY HAVE TO RECEIVE NOTIFICATION FROM ANY INDIVIDUALS AND ORGANIZATIONS NAMED OR REFERRED TO IN THIS APPLICATION PRIOR TO THE RELEASE OF ANY EMPLOYMENT INFORMATION TO THE VILLAGE OF ALGONQUIN. I HEREBY AUTHORIZE ALL INDIVIDUALS IN ORGANIZATIONS NAMED OR REFERRED TO IN THIS APPLICATION AND ANY LAW ENFORCEMENT ORGANIZATION, TO GIVE THE VILLAGE ALL INFORMATION RELATIVE TO SUCH VERIFICATION AND HEREBY RELEASE SUCH INDIVIDUALS, ORGANIZATIONS, AND THE VILLAGE OF ALGONQUIN FROM ANY AND ALL LIABILITY FOR ANY CLAIM OR DAMAGE RESULTING FROM THIS VERIFICATION PROCESS.

I CERTIFY THAT ALL FACTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSION OR MISREPRESENTATION OF FACTS MAY RESULT IN A REJECTION OF THIS APPLICATION, OR DISMISSAL FROM EMPLOYMENT IF SUBSEQUENTLY DISCOVERED. I UNDERSTAND AND AGREE THAT IF SELECTED AS AN EMPLOYEE, MY EMPLOYMENT WITH THE VILLAGE OF ALGONQUIN AND COMPENSATION CAN BE TERMINATED AT ANY TIME WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE AT THE OPTION OF EITHER THE VILLAGE OR MYSELF (EXCEPT FOR EMPLOYEES SUBJECT TO A COLLECTIVE BARGAINING AGREEMENT). I FURTHER UNDERSTAND THAT NO DOCUMENT, INCLUDING BUT NOT LIMITED TO, THIS APPLICATION FOR EMPLOYMENT, A POLICY OR PROCEDURE MANUAL, OR A HANDBOOK, REPRESENTS AN EMPLOYMENT CONTRACT (EXCEPT FOR A COLLECTIVE BARGAINING AGREEMENT).

SIGNATURE

DATE