



Village of Algonquin
APPLICATION FOR EMPLOYMENT
 (Please Print Using Ink)

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. 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. **You are encouraged to attach a resume or any additional information that you believe qualifies you for the position for which you are applying.**

The Village of Algonquin is an Equal Opportunity Employer. This 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 and applies to all phases of Village employment.

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	STATE
		ZIP
HOME TELEPHONE NO.	E-MAIL ADDRESS (By providing your email, correspondence regarding any recruitment will be sent via email)	
HOW DID YOU HEAR ABOUT THE POSITION THAT YOU ARE APPLYING FOR (i.e. Newspaper, Radio, College, Organization, etc.)?		

EDUCATIONAL INFORMATION

NAME & CITY OF 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 & CITY OF SCHOOL	NO. OF CREDITS	DEGREE	MAJOR	
COLLEGE/ UNIVERSITY					
COLLEGE/ UNIVERSITY					
GRADUATE					
TECHNICAL					

SPECIAL QUALIFICATIONS

LIST ANY HONORS, PROFESSIONAL SOCIETIES/AFFILIATIONS, ACTIVITIES, SKILLS OR TRAINING RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING (E.G. LICENSES, SKILLS WITH MACHINES, COMPUTER SKILLS, SPECIAL COURSES, TRAINING PROGRAMS, ETC.)

MILITARY SERVICE

BRANCH	DATES
TITLE	TYPE OF DISCHARGE

PREVIOUS EMPLOYMENT

PLEASE LIST EMPLOYERS BEGINNING WITH YOUR **PRESENT OR MOST RECENT EMPLOYMENT** (attach an additional sheet of paper if necessary).

1	EMPLOYER	MAILING ADDRESS	CITY/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES	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	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	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	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:	
IF HIRED, CAN YOU PROVE YOU ARE LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**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

**Return completed application to: Village of Algonquin, Attn: Human Resources
2200 Harnish Drive, Algonquin, IL 60102**