



6900 North Lincoln Avenue
Lincolnwood, IL 60712
(847) 745-4715

VILLAGE OF LINCOLNWOOD

EMPLOYMENT APPLICATION

The Village welcomes you as an applicant. This application must be filled out accurately, completely, and returned to be considered for employment. If an item does not apply, write not applicable (N/A). Incomplete applications will not be considered. All statements made on the application are subject to verification. The Village is an Equal Opportunity Employer. Your application will be considered without regards to race, color, religion, sex, sexual orientation, national origin, citizenship status, age, ancestry, marital status, military or veteran status, mental or physical disability, or any other legally protected status, all in accordance with applicable law. **Please print or type all information.**

Select the Department you are applying to (if known):

- Administration Community Development Finance Fire
- Parks and Recreation Police Public Works

Today's Date: _____

Position(s) applied for: _____

Preferred Start Date: _____

Desired Starting Wage: _____

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
-----------	------------	----------------

Address	City	State	Zip Code
---------	------	-------	----------

(____)____-____	(____)____-____	_____
Home Phone	Cell Phone	Email Address

THE INFORMATION ON THIS PAGE WILL BE CONSIDERED IN YOUR APPLICATION PROCESS ONLY IF THE POSITION YOU ARE SEEKING REQUIRES YOU TO BE ABLE TO DRIVE A MOTOR VEHICLE:

DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License?	Yes <input type="radio"/> No <input type="radio"/>
Driver's License Number:	
State:	
Expiration date:	
CDL Class (if applicable):	
Endorsements:	
Has your license ever been suspended?	Yes <input type="radio"/> No <input type="radio"/>
Has your license ever been revoked?	Yes <input type="radio"/> No <input type="radio"/>
If yes , please provide dates and explain:	

BACKGROUND

Are you 18 years of age or older?	Yes <input type="radio"/> No <input type="radio"/>
Are you legally eligible for employment in the U.S.?	Yes <input type="radio"/> No <input type="radio"/> (Proof that you are authorized to work in the U.S. will be required upon employment)
<p>Have you ever been convicted of a crime?</p> <p>Conviction includes being found guilty, pleading guilty, pleading no contest (<i>nolo contendere</i>) or adjudication withheld.</p> <p>Do not include criminal history record information ordered expunged, sealed or impounded under the Illinois Crime Identification Act.</p> <p>A conviction will not automatically bar you from consideration for employment.</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p> <p>If yes, provide details:</p> <p>Date(s): _____</p> <p>Jurisdiction(s) (State/County): _____</p> <p>Offense(s): _____</p> <p>Sentence/Disposition: _____</p>
Have you served or are you serving in the US Armed Forces?	<p>Yes <input type="radio"/> No <input type="radio"/></p> <p>If yes, provide Branch of Service:</p> <p>_____</p>

	Date(s) of Service: _____ Were you <u>dishonorably</u> discharged? _____
Are you related to a Village employee or is any member of your family employed by the Village?	Yes <input type="radio"/> No <input type="radio"/> If yes , provide details of person: Name: _____ Relationship: _____ Department: _____
Have you ever worked for the Village?	Yes <input type="radio"/> No <input type="radio"/>
Have you ever been fired, forced to resign, or resigned in lieu of termination?	Yes <input type="radio"/> No <input type="radio"/> If yes , provide details: Employers name: _____ Date: _____ Reason: _____

EDUCATION

Highest Grade Completed: 1,2,3,4,5,6,7,8,9,10,11,12 Highest Grade: _____		College: 1, 2, 3, 4 Highest Grade: _____	Post Grad: 1, 2 Highest Grade: _____
	Name of Institution	City/State	Major/Degree/Certificate Received
High School or GED			
College/University			
Graduate School			
Trade School			
Other			

EMPLOYMENT HISTORY

Please start with your present or most recent job. Please submit a personal resume in addition to this application.

1	Employer: _____	Dates of Employment: _____
	Phone Number: _____	Address: _____ _____
	Supervisor's Name and Title: _____	Starting Pay: \$ _____ per _____ Ending Pay: \$ _____ per _____
Description of Duties:		Reason for Leaving:

2	Employer: _____	Dates of Employment: _____
	Phone Number: _____	Address: _____ _____
	Supervisor's Name and Title: _____	Starting Pay: \$ _____ per _____ Ending Pay: \$ _____ per _____
Description of Duties:		Reason for Leaving:

3	Employer: _____	Dates of Employment: _____
	Phone Number: _____	Address: _____ _____
	Supervisor's Name and Title: _____	Starting Pay: \$ _____ per _____ Ending Pay: \$ _____ per _____

Description of Duties:	Reason for Leaving:
------------------------	---------------------

Please explain any lapses in employment: _____

REFERENCES

Please provide at least three references, two professional references are preferred.

Name	Relationship to You	Title (If Professional Reference)	Address	Phone Number	E-Mail Address

HOW DID YOU LEARN OF THIS POSITION?

- Email notification
- Village bulletin board/walk-in
- Website _____
- Ad in newspaper _____
- Agency referral _____
- Other _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that this application is not, nor is it intended to be, a contract of employment. I understand that if hired, my employment will be subject to all applicable rules and regulations of the employer.

1. **Certification.** I certify that I have not knowingly withheld any information that might adversely affect my chances for employment with Village of Lincolnwood and that the information given by me is true and correct. I understand that any omission or misstatement of material fact on my application for employment, resume or any other document used to secure employment with Village of Lincolnwood, or during any pre-employment interview, shall be grounds for rejection of my application or for immediate discharge if I am hired, regardless of the time elapsed before discovery.

2. **Reference and Background Check.** I authorize the Village of Lincolnwood to thoroughly investigate my references, work record, education, and any other matters related to my suitability for employment authorize all individuals and organizations named in this application to give the Village of Lincolnwood all requested information in relation to such investigation. I also authorize my former employers to disclose to the Village of Lincolnwood any and all of my employment records, including disciplinary reports and letters of reprimand, without giving me notice of such disclosure. I hereby fully release and discharge the Village of Lincolnwood, my former employers, their respective officers, employees and agents, and all other persons and entities, from any and all claims, demands, and liabilities arising out of or in any way related to such investigation or disclosure. I understand that prior to being considered for an offer of employment, I may be required to sign an authorization compliant with the Fair Credit Reporting Act authorizing the Village of Lincolnwood to obtain a consumer report or investigative consumer report (background check) about me.

3. **At-Will Employment.** I understand and agree that if I am hired, my employment and compensation are for no definite or determinable period and may be terminated at any time, with or without cause, warning or notice, at the option of either myself or the Village of Lincolnwood. I further understand and agree that no representative of the Village of Lincolnwood, now or in the future, is authorized to make any binding representations or agreements, whether oral or written, contrary to the foregoing or purporting to guarantee any particular benefits, terms, or conditions of employment.

4. **Re-Application Policy.** I understand that under the Village of Lincolnwood policy, this application will remain active for only sixty (60) days. Therefore, if I have not been hired within sixty (60) days of the date of this application and I still wish to be considered for employment with the Village of Lincolnwood, I understand that I will need to complete and submit a new employment application.

Date

Signature of Applicant

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION SURVEY

To All Applicants: Disclosure of the following information is on a voluntary basis. This information will be kept confidential and will be maintained separate from your employment application. This information will not be used to make a decision about your employment. If you choose not to answer any of the items, you will not be subject to adverse treatment. This information is used for Village reporting purposes.

Job/Position Applied for: _____

Date of Birth: _____

Sex: Male Female

Race/Ethnic Categories (Check One)

- Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Latin culture or origin, regardless of race.
- American Indian or Alaskan native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Other: Includes all persons not covered by a specific category. If this category is checked, indicate specific ethnicity or natural origin:

Veteran Categories (Check as many as may apply)

- Disabled Veteran: (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Special Disabled Veteran: (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.
- Veteran of the Vietnam era: a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a

dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

O Other Protected Veterans: veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

O Armed Forces Service Medal Veteran: a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

O Other Veteran: a veteran of the U.S. military, ground, naval or air service that is not included in one of the categories listed above.

Disabled Individual

O Disabled individual: a person with a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.