

EMPLOYMENT HISTORY:

Please list your last three employers. **Begin with your present or most recent employer.** Include all jobs held for the last five years as well as military service assignments, volunteer activities, and periods of unemployment. You may exclude organization names which indicate race, color, religion, gender, national origin, sexual orientation, marital or veteran status, handicap, disability, ancestry or any other legally protected status. Continue on a separate sheet of paper if necessary.

1. **Company Name/Employer:** _____

Address: _____ Phone Number: _____

Job Title: _____ Name/Title of Supervisor: _____

Dates of Employment: From: _____ To: _____

Full-Time: Part-Time: Seasonal:

Starting Salary: _____ Current/Ending Salary: _____

Briefly Describe the Nature and Duties of Your Position:

Reason for Leaving or Seeking New Position:

2. **Company Name/Employer:** _____

Address: _____ Phone Number: _____

Job Title: _____ Name/Title of Supervisor: _____

Dates of Employment: From: _____ To: _____

Full-Time: Part-Time: Seasonal:

Starting Salary: _____ Current/Ending Salary: _____

Briefly Describe the Nature and Duties of Your Position:

Reason for Leaving or Seeking New Position:

3. **Company Name/Employer:** _____
 Address: _____ Phone Number: _____
 Job Title: _____ Name/Title of Supervisor: _____
 Dates of Employment: From: _____ To: _____
 Full-Time: Part-Time: Seasonal:
 Starting Salary: _____ Current/Ending Salary: _____

Briefly Describe the Nature and Duties of Your Position:

Reason for Leaving or Seeking New Position:

EDUCATION:	NAME AND LOCATION	NUMBER OF YEARS COMPLETED	MAJOR FIELD OF STUDY	DID YOU GRADUATE
HIGH SCHOOL				<input type="checkbox"/> YES / <input type="checkbox"/> NO
UNDERGRADUATE COLLEGE/ UNIVERSITY				<input type="checkbox"/> YES / <input type="checkbox"/> NO
GRADUATE COLLEGE/ UNIVERSITY				<input type="checkbox"/> YES / <input type="checkbox"/> NO
TRADE/ VOCATIONAL SCHOOL				<input type="checkbox"/> YES / <input type="checkbox"/> NO

SKILLS AND QUALIFICATIONS:

Please summarize any job related specialized training, experience, skills, qualifications, certificates and licenses you possess:

REFERRAL SOURCE:

Please tell us how you heard about the position for which you are applying (i.e., newspaper ad, walk-in, friend, current Village employee, etc.):

APPLICANT ACKNOWLEDGEMENT STATEMENT:

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation of fact, as stated or implied, given in my application, interview(s), or other employment forms will be sufficient reason not to hire me and may result in discharge if I am hired.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that I waive any rights I may have to receive notice from any persons listed on this application regarding the release of information relating to this application for employment with the Village of Schiller Park.

I understand that the Village is in no way obligated to provide employment and that I am in no way obligated to accept employment with the Village. Nothing in this application is intended to create any contract of employment, expressed or implied, or to create any rights in the nature of a contract of employment. This application does not bind either party for a specific period of time regarding employment.

I understand that no representative of the Village of Schiller Park other than the designated Village representative has any authority to enter into any agreement contrary to the foregoing. If I am hired, nothing shall restrict my right as an employee to terminate my employment at any time, nor shall anything restrict the right of the Village to terminate my employment at any time at the option of the Village.

I also understand that, if hired, I am required to abide by all rules and regulations of the Village. The Village policies and procedures relating to conditions of employment are subject to modification by the Village without notice.

My signature below confirms that I have read and understand the above statements.

Type your name to indicate your signature

Date