

VILLAGE OF OAKWOOD

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time [ ] Part-time [ ] Temporary [ ] employment? When could you start work? \_\_\_\_\_

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? ... Yes [ ] No [ ] (If you are hired, you may be required to submit proof of age.)

Social Security # \_\_\_\_\_ If hired, can you furnish proof you are eligible to work in the U.S.? Yes [ ] No [ ]

Have you ever applied here before? Yes [ ] No [ ] If yes, when? \_\_\_\_\_

Were you ever employed here? Yes [ ] No [ ] If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) ... Yes [ ] No [ ]

If yes, give details \_\_\_\_\_ (A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? ... Yes [ ] No [ ]

If yes, give details \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? ... Yes [ ] No [ ]

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? ... Yes [ ] No [ ]

If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) \_\_\_\_\_

LIST NAME AND ADDRESS OF SCHOOLS Number of Years Completed Diploma/Degree/Certificate Subjects Studied

High School or GED: \_\_\_\_\_

College or University: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

What skills or additional training do you have that relate to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_



# APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability.

**COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.**

PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Position applied for (*list only one*) \_\_\_\_\_

Where did you hear about this job? \_\_\_\_\_

Racial origin (You may mark one or more of the following):

- White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American**—A person having origins in any of the black racial groups of Africa.
- Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Ethnicity:

- Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Sex:     Male         Female

I elect not to identify

Signature \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

For a period of one year from the execution of this form, I \_\_\_\_\_ authorize the Oakwood Police Dept. to conduct an investigation into all aspects of my qualifications and background. I also authorize any individual, organization, or agency which maintains records relating to me to provide these records on request to The Oakwood Police Dept. Conducting such an investigation. This authorization includes, but is not limited to, employment records, credit records, and criminal history records. The intent of this authorization is to give my consent to full and complete disclosure of criminal records, internal investigation records, military records, records of educational and financial institutions, employment and pre-employment records, background reports, efficiency ratings, and complaints. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Record Review Act.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information: and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I authorize the Oakwood Police Dept. and its agents to provide copies of any records obtained pursuant to this release to any person(s) who are authorized to participate in the vetting of my qualifications and background for employment purposes. I further release the Oakwood Police Dept., its agents and designees under this release, from any and all liability which may be incurred as a result of furnishing such information.

Signature _____	Date _____
Print Name (First, Middle, Last) _____	Maiden Last Name, former Married name(s) or Other names used _____
Current Address _____	Previous Address _____
City / State / Zip _____	City / State / Zip _____

To Process this form, the following information has been requested by the Oakwood Police Dept:

Driver's License Number _____	Sex / Race _____	Email Address _____
Date of Birth _____	Social Security Number _____	Contact Phone Number _____

**AUTHORIZATION FOR APPOINTMENT/EMPLOYMENT CREDIT REPORT**

I authorize the Oakwood Police Dept. to obtain a credit report on myself through the credit reporting agency of its choice.

Signature _____	Date _____
Print Name _____	

**EMPLOYMENT CREDIT REPORT DISCLOSURE STATEMENT**

The Oakwood Police Dept. will procure a credit report concerning my employment. If an adverse employment decision is made due totally or partially to the information on the credit report, Oakwood Police will provide me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

Signature _____	Date _____
Print Name _____	

**PERSONAL REFERENCES**

(Please print/type information)

Employee \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

DO NOT include names of relatives or former employer(s) as references.

1. \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP)

\_\_\_\_\_  
(Telephone)

2. \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP)

\_\_\_\_\_  
(Telephone)

3. \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP)

\_\_\_\_\_  
(Telephone)

**Personal Information for Background Investigation**

Applicant's Full Name- Last, First MI	Date of Birth (MM/DD/YY)	Drivers License Number & State
Street Address	City, State	Zip Code
Other Names Used- Last, First MI (incl maiden, nick, covert)	Other Date of Birth Used	All Social Security Numbers Used

**Employment:** List all employers (current first), their address, phone number and email addressed (if known) for the last ten years or since your 18<sup>th</sup> Birthday, whichever is shorter.

Company Name	Company Address	Phone Number	Supervisor's Name	Email Address

**Family:** List parents, all siblings, all children (over age 16) and spouse. List all others (over age 16) who reside with you. (MUST provide D.O.B "MM/DD/YY" and as much address information as possible)

Relation	Name- Last, First MI	Date of Birth	Address (or deceased if applicable)
Father			
Mother			
Spouse			

**Addresses:** List all your addresses (current first) for the last ten years or since your 18<sup>th</sup> Birthday, whichever is shorter.

Street Address	City, State	Zip Code

Use blank page(s) if additional space is needed.

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	Reason For Leaving
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other names? ..... Yes  No   
 If yes, give names: \_\_\_\_\_

Are you presently employed? ..... Yes  No   
 If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? ..... Yes  No   
 If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization's representative for details.