



# APPLICATION FOR EMPLOYMENT

500 S. Fish Lake Rd  
847-740-6982

*The Village of Volo is an Equal Opportunity Employer.*

*The Village of Volo accepts for employment and promotes its employees without regard to race, color, religion, sex, age, marital status, sexual orientation, national origin, ancestry, physical or mental handicap unrelated to ability for an individual, or an unfavorable discharge from a military service and bases appointments and promotions on merit, experience, and other qualifications applied fairly to all applicants and in accord with state and federal law. All information contained in or connected with this application will be considered confidential and used only in conjunction with possible employment with the Village of Volo. Please furnish complete information as outlined in the application.*

Date \_\_\_\_\_

Full-Time  Part-Time

Name \_\_\_\_\_ Email: \_\_\_\_\_

List any other name you have been known by (do not include legal name changes or maiden names): \_\_\_\_\_

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
No. Street City State Zip

Previous addresses \_\_\_\_\_  
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? YES  NO  (if yes, verification will be required.)

Are you of legal age to work? \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Do you possess a valid driver's license? YES  NO

Driver's License Number \_\_\_\_\_ Class \_\_\_\_\_ Expires \_\_\_\_\_

Were you previously employed by the Village? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20\_\_\_\_

Are you eligible to be bonded? YES  NO

You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following questions. Are you able to perform each of these essential functions listed for each position for which you have applied? \_\_\_\_\_ If no, would you be able to perform each of these functions with any accommodations? \_\_\_\_\_ If so, what accommodations would you need? \_\_\_\_\_

Have you ever been convicted of a crime which has not been annulled or expunged or sealed by a court? \_\_\_\_\_ If yes, describe in full \_\_\_\_\_

## EMPLOYMENT HISTORY

LIST ALL JOBS YOU HAVE HELD FOR THE LAST TWENTY (20) YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. START WITH YOUR PRESENT OR MOST RECENT JOB FIRST.

May we contact your present employer? Yes  No

<b>1</b>	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY / HOURLY WAGE \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
<b>2</b>	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY / HOURLY WAGE \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
<b>3</b>	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY / HOURLY WAGE \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
<b>4</b>	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY / HOURLY WAGE \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
<b>5</b>	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY / HOURLY WAGE \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	



## REFERENCES

PLEASE INCLUDE THE NAMES OF PROFESSIONAL REFERENCES, WHO HAVE KNOWN YOU FOR A PERIOD OF TIME, PREFERABLY MORE THAN (5) YEARS. IF YOU DO NOT HAVE ANY PROFESSIONAL REFERENCES, THEN PLEASE PROVIDE THE NAMES OF THOSE ADULTS NOT RELATED TO YOU. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES.

<b>1</b>	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE YEARS KNOWN
<b>2</b>	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE YEARS KNOWN
<b>3</b>	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE YEARS KNOWN

## EDUCATION

LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED

NAME & ADDRESS OF SCHOOL (INCLUDING CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	DID YOU GRADUATE?	COURSES/MAJOR
HIGH SCHOOL				
				
COLLEGE OR UNIVERSITY				
POST GRADUATE				
BUSINESS/TRADE				
OTHER				

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage): \_\_\_\_\_

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Please list activities and interests, but exclude activities that indicate race, religion, creed, color or national origin: \_\_\_\_\_

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