

**VILLAGE OF WEST DUNDEE
102 SOUTH SECOND STREET
WEST DUNDEE, ILLINOIS 60118
(847) 551-3800**

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS TO APPLICANT:

1. You must fully and accurately complete this Application for Employment. Incomplete applications will not be considered.
2. This Application for Employment will become inactive after ninety (90) days. If you wish to be considered for employment after that time, you must complete a new Application for Employment form.
3. I understand and agree that all information furnished in this application may be verified by the Village of West Dundee or its authorized representative. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment information to the Village of West Dundee. I hereby authorize all individuals and 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 West Dundee from any and all liability for any claim or damage resulting therefrom.

<u>PERSONAL INFORMATION</u>		Date: _____		
Name:				
LAST	FIRST	MIDDLE		
Present Address:				
STREET	CITY	STATE	ZIP	
Permanent Address:				
STREET	CITY	STATE	ZIP	
Phone No:		Are You 18 Years or Older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<u>EMPLOYMENT DESIRED</u>				
Position:		Date You Can Start:		Salary Desired:
Are You Employed Now?		If So, May We Contact Your Present Employer?		
Have You Ever Applied to the Village Before?		For What Position?		When?
Referred By:				
<u>EDUCATION</u>				
	Name & Location of School	# of Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Another Type of School				

GENERAL

Subjects of Special Study or Research Work:

Special Skills:

FORMER EMPLOYERS (List below your last 3 employers, starting with the most recent one first)

Date, Month & Year		Name & Address of Employer	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

Which of These Jobs Did You Like Best?

What Did You Like Most About this Job?

REFERENCES Provide contact information for 3 persons not related to you, whom you have known at least one year.
Name, Address and Phone Business

1.	
2.	
3.	

IN CASE OF EMERGENCY

Notify:

NAME

ADDRESS

PHONE #

VILLAGE OF WEST DUNDEE

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the Village's Rules and Regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the Village's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Village and that no Village document, including, but not limited to this application, a policy or procedure manual or a handbook, represents an employment contract.

DATE:

SIGNATURE: