

EMPLOYMENT APPLICATION

VILLAGE OF SHILOH 1 PARK DRIVE SHILOH, ILLINOIS 62269 618-632-1022

(Please Print)

Equal access to Village programs, services and employment is available to all persons. Applicants requiring accommodation for the application, testing and/or interview process must file a formal written request with the Village prior to the application due date for the position for which the accommodation is being requested.

Position Applied For:		Date of Application:		
Name: (Last)(l		rst)		(Middle)
Address:				
	(Street)	(City)	(State)	(Zip)
Drivers License No.:		Home Phone: ()	
Type of employment desired (Check all Full-Time Part-Time Seasonal	that apply)	Cell Phone: ()	
		e-mail address:		
		Date availal	ble for work: _	
Are you legally eligible for employmen (Proof of U.S. citizenship or immigrated)				
Have you ever used, sold or exchanged (You are not required to disclose expun				
EMPLOYMENT HISTORY	•	,		
List your last four (4) employers, starting	ng with the most recent, includir	ng military experience:		
Employed By:		From		То
Address:				10
Job Title:		Name and Title of Supervisor		
Reason for leaving:		• -		
Briefly describe the nature and duties of	f your position:			
Employed By:		From		То
Address:		Phone ()	
Job Title:		Name and Title of Supervisor		
Reason for leaving:		_		
Briefly describe the nature and duties of	f your position:			
Employed By:				
Address:				
Job Title:		Name and Title of Supervisor _		
Reason for leaving:				
Briefly describe the nature and duties of	f your position:			
Employed By:		From		То
Address:		Phone ()	
Job Title:				
Reason for leaving:				
Briefly describe the nature and duties of	f your position:			
REFERENCES				
KEFEKEINCES Give name, address and telephone number	ber of three references who are	not related to you.		
- 1		,	`	
1		(
2.				

EDU	UCATION			
	School Name and Location	_		
Years	s completed: 9 10 11 12	Diploma/Degree		
Colleg	ege/University Name and Location:			
Years	s Completed:			
Descr	ribe Course of Study:			
	r - Name and Location:			
Years	Years Completed: Diploma/Degree			
Descr	ribe Course of Study:	_		
IOR	B QUALIFICATIONS			
	se document your attainment of the Qualifications listed in the Job Announcement for the position for	or which you are applying		
	must meet these Qualifications in order to be eligible for the position and to take any required writter			
TOD	D CIZIT I C			
	B SKILLS			
List a	any additional licenses, certificates, computer software knowledge, skills, experiences or training that	may qualify you for work with the Village.		
SOUR	RCE			
How o	did you hear about this employment opportunity? Newspaper Village of Shiloh Web Page: v	vww.shilohil.org		
	Other:(Please list)			
	(Please list)			
•	misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or se been employed. I give the Village the right to investigate all references and past employment and to secure additional informatio from liability the Village, its employees and its representatives for seeking such information and all other perso furnishing such information. I understand that any employment given to me as a result of my application will require that I undergo a compreto cooperate in such investigation. My signature below serves as authorization for the Village or any third part other appropriate sources as a part of a background investigation on me. The Village, its employees, the Invest hereby released and held harmless based on information obtained or provided and any decision made based on signature shall be deemed an original for purposes of obtaining information. I understand that either as a condition of the Village's pre-employment testing process or as a condition of emp criminal background investigation (excluding expunged juvenile records), complete satisfactorily a physical agii testing for drug and/or alcohol use, polygraph testing, psychological testing and credit check. I authorize the reto the Village. I release the Village, its employees and all third party contractors from any claim arising out of damages of any form I may suffer from submitting to such exams and tests. I hereby authorize any Municipal, County, State or Federal Criminal Justice Agency to release information concriminal record information. I agree to hold harmless the Village, its employees and those Criminal Justice Ag or claim arising out of the release of such information and waive all rights to damages of any form I may suffer I hereby authorize all present and past employers to provide the Village of Shiloh with all information concernit Omnibus Transportation Employee Testing Act of 1991. This shall include, but not be limited to, information of our furnishing such information and I waive a	on about me, if job related. I hereby release ns, corporations or organizations for ehensive background investigation. I agree by (collectively "Investigator") to contact tigator and any person or entity contacted is such information obtained. A copy of my such information obtained. A copy of my such information obtained to submit to a lity test, physical examination, including elease of the results of those tests and exams such exams and tests, and waive all rights to cerning the existence or non-existence of any encies and their employees from any action from the release of such information. In me in their possession collected under the on alcohol tests with a concentration result of fessional evaluations and/or determinations uployers and their employees, from liability		
•	made based upon such information. I understand that, just as I can terminate the employment relationship at any time for any reason, so too, the Vi change any term or condition of employment at any time and for any or no reason, with or without notice. I unhas the authority to make any assurances to the contrary. I understand that the Village is an Equal Opportunity Employer, the Village does not discriminate in employme for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by I understand that it is the Village's policy not to refuse to hire a qualified individual with a disability because of	nderstand that no representative of the Village nt and no question on this application is used ocal, state or federal law.		
	that would be required by the ADA. I certify that I have read and understood the foregoing agreement and that no one has made any promise or agree by its terms.	ement contrary to it, and agree to be bound		

SIGNATURE OF APPLICANT

DATE __