

EMPLOYMENT APPLICATION Village of Sauk Village

Human Resources Department 21801 Torrence Ave - Municipal Building Sauk Village, IL 60411-4489 Phone (708) 758-3330 • FAX (708) 757-7355 www.saukvillage.org

APPLICANT INFORMATION -- PLEASE PRINT

Job Title Applying For:	(EXACT T	ITLE FOR WHICH YOU	J ARE APPLYING)		
Print Name:	(FIRST)	(MIDDLE)		(LAST)	
Present Address:	(STREET)	(CITY)	(STATE)	(ZIP)	
Permanent/Alternate Address:	(STREET)	(CITY)	(STATE)	(ZIP)	
Home Telephone #: ((AREA CODE)		Alter	nate Phone #: () (AREA CODE)	 (NUMBER)	
May we contact you at your place	of employment? □ Yes	□ No E-Ma	iil:		

- Applications are required for each vacancy. Resumes may be attached but will not be accepted in lieu of applications. The application must be signed, dated, completely filled in and returned to the Human Resources Department by the filing date indicated on the Vacancy Announcement. All information submitted is subject to verification.
- The Village only accepts applications for posted positions.
- If selected, Applicants need not be current residents of the Village of Sauk Village to be considered.
- ♦ After an offer of employment but prior to hire, all applicants must complete a employment background check, fingerprints, medical examination including a drug screen.
- All new hires will be required to successfully complete a probationary period of 1 year.
- A summary of employment benefits may be obtained by contacting the Village's Human Resources Department.
- The Village's Administrative Action Plan for Fair Practices is available for inspection by contacting the Human Resources Department.
- Applicants requiring accommodation to participate in the selection process may notify the Human Resources Department of such request.

The Village of Sauk Village is an Equal Opportunity/Affirmative Action Employer



EMPLOYMENT HISTORY

Begin with your present or most recent employer and continue in reverse order. List additional employers on a separate sheet.

Current/Most Recent Employer:				
Address:		Phone ()	
Name & Title of Supervisor:		Phone ()	
Dates employed: From/ To/ Title:				
Supervisor's Email:	□ Full Time	☐ Part Tim	e 🗆 Permanen	t □ Temporary
Responsibilities & Duties:				
Do/did you supervise others? ☐ Yes ☐ No If yes, indicate number: _	Professions	al Staff	Non-Professio	
Reason for Leaving?				
Previous Employer:				
Address:		Phone (
Name & Title of Supervisor:		Phone ()	
Dates employed: From/ To/ Title:				
Supervisor's Email:	☐ Full Time	☐ Part Time	☐ Permanent	☐ Temporary
Responsibilities & Duties:				
Did you supervise others? ☐ Yes ☐ No ☐ If yes, indicate number:				Staff
Previous Employer:				
Address:		Phone ()	
Name & Title of Supervisor:		Phone ()	
Dates employed: From/ To/ Title:				
Supervisor's Email:	☐ Full Time [☐ Part Time	☐ Permanent	☐ Temporary
Responsibilities & Duties:				
Did you supervise others? ☐ Yes ☐ No ☐ If yes, indicate number:	Professional S	Staff	Non-Professional	Staff
Reason for Leaving?				



EDUCATIONAL RECORD

	LIST ALL COLLEG	ES OR UNIVERSITIE	S ATTENDED:	
Institution Name & Location:	<u>Degree/Date:</u>	Hours Completed	Dates Attended:	<u>Major:</u>
	SINESS, TECHNICAL,		require a college degree. RESPONDENCE SCHOOL Courses Completed/Cer	
List any other relevant certifications or lice		ved): List com		with which you are proficient:
Typing Speed:wpm Key		wpm		
Typing Speed:wpm Key Shorthand Speed:wpm	vstroke:v			
Typing Speed:wpm Key Shorthand Speed:wpm	zstroke:v			
Typing Speed:wpm Key Shorthand Speed:wpm LIST OTHER RELEVANT EXPERIENCE	zstroke:v	LLS (i.e. volunteer wo		
Typing Speed:wpm Key Shorthand Speed:wpm LIST OTHER RELEVANT EXPERIENCE Drivers License Number:	vstroke:v	LLS (i.e. volunteer wo	rk, foreign language skill	s, FCC Radio License, etc): Exp Date:
Typing Speed:wpm Key Shorthand Speed:wpm LIST OTHER RELEVANT EXPERIENCE Drivers License Number: List the type of equipment you have operate	DIF	CLLS (i.e. volunteer wo RIVING RECORD State: ractor/trailer, specific c	rk, foreign language skill Class: construction equipment):	s, FCC Radio License, etc): Exp Date:
Typing Speed:wpm Key Shorthand Speed:wpm LIST OTHER RELEVANT EXPERIENCE Drivers License Number: List the type of equipment you have operate PROVIDE DETAILS REGARDING ANY Incident Date: Details:	DIF	CLLS (i.e. volunteer wo RIVING RECORD State: ractor/trailer, specific c	rk, foreign language skill Class: construction equipment):	s, FCC Radio License, etc): Exp Date:



	OTHER INFORMATION
l.	What shifts are you willing to work? □ 1st □ 2nd □ 3rd □ As Assigned
2.	Are you willing to work weekends and/or holidays? ☐ Yes ☐ No
3.	Please list any previous names you may have been employed under (necessary to check work record):
1 .	Have you ever been discharged from employment for disciplinary reasons or asked to resign? ☐ Yes ☐ No
	If yes, please provide circumstances:
5.	Have you ever been convicted of a felony or military court martial? \square Yes \square No (Such conviction may be relevant if job related, but does not automatically bar you from employment):
ó.	Are you eligible for work in the United States? ☐ Yes ☐ No
7.	If you have served in United States Armed Forces, state branch and dates:
3.	Are you related to anyone that currently or previously worked for the Village of Sauk Village? ☐ Yes ☐ No If so, please state the person or persons and how you are related to them.
	REFERENCES
	List three (3) persons who we may contact who are NOT related to you and have knowledge of your work-related qualifications:
Var	
	PLEASE READ AND SIGN
	READ CAREFULLY BEFORE SIGNING THIS STATEMENT
	rtify that the information given on this application and on any appended materials is true and complete to the best of my knowledge. I understand that any e or misleading information and/or omissions may result in rejection of my application or, if employed, in termination of employment.
ınd	determine my qualifications for employment, I authorize the Village of Sauk Village to review my previous employment, driving and criminal records for other background data as it may relate to the position for which I am applying. I hereby authorize all former employers and educational institutions urnish any and all information they may have and release all parties from all liability for any damage that may result from furnishing such information.
	onsideration of my employment, I agree to conform to the rules and regulations of the Village of Sauk Village. I understand that no one other than the age Administrator or the Human Resources Director has the authority to enter into any agreement or contract for employment.
	derstand that failure to obtain any required job specific credentials within the Village of Sauk Village within the time limit as stated in the Personnel Rules /or Collective Bargaining Agreement will result in my discharge.
	derstand that I can be required to undergo random medical examinations including a drug screen, for any positions. If I should fail an examination for reason, my employment may be terminated.

DATE

SIGNATURE (DO NOT PRINT)



APPLICANT CHARACTERISTIC SURVEY

EQUAL OPPORTUNITY EMPLOYMENT POLICY

It is the policy of the Village of Sauk Village to hire well-qualified people to perform the tasks necessary to provide high quality service to the citizens of Sauk Village. An integral part of this policy is to provide equal employment opportunity for all persons without discrimination on the basis of race, sex, color, religion, national origin, physical or mental impairment, or age. To help us monitor the progress of the Village's Affirmative Action Program, we request your cooperation in providing the following information.

This survey will be detached from your application prior to any review and will be kept confidential in accordance with applicable laws. *Your answers will not affect your consideration for employment with the Village of Sauk Village Applicants who prefer not to answer the questions in this survey will not be subject to adverse treatment.* Thank you for your cooperation.

			(PLEAS	SE PRINT)	Date of Birth:		
Position	Applied For:				Phone ()		
Name: _							
	(LAST)		(FIRST)		(N	MIDDLE)	
Address:		STREET	CITY		STATE	ZIP	
INSTRU each.	CTIONS: Place	e your response (number or	letter) in the box in the	e far-right col	umn. Respond to all que	estions marking only one answer fo	
I.	SEX	MALE = M	FEMALE =	F			
II.	EDUCATION	(1) Less than F(2) High School	2 Years Degree	(8) (9) (10) (11) (12) (13) (14)	Bachelor's degree Bachelor's + Hours Master's degree Master's + Hours Doctoral Candidate Doctoral Degree Post Doctorate		
III.	Ethnicity:	anic or Latino?	+ Tears	(14)	Tost Doctorate		
		I am not Hispanic or Lati	no				
n 7	Spa	Yes, I am Hispanic o nish culture or origin, regar	or Latino (S): A personal dless of race.			Central or South American, or other	
Race – I	MPORTANT –	Only complete this section	i if you checked "no, I	' am not Hisp	anic or Latino" in the E	thnicity section above:	
	What is your i	race? Select ONE of the fo	llowing categories(s):				
	Wh	ite (W) – A person having of	origins in any of the or	iginal peoples	s of Europe, North Africa	, or the Middle East.	
	Black (B) – A person having origins in any of the Black racial groups of Africa.						
	American Indian / Alaskan Native (I) – A person having origins in any of the original peoples of North America and S America (including Central America), who maintains the tribal affiliation or community attachment.						
	Asian (A) – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.						
	Nat	ive Hawaiian or Other Pa	cific Islander (H) – A	person having	g origins in any of the ori	iginal peoples of Hawaii, Guam,	

Samoa, or other Pacific Islands.

	Two or More Races (O) – All persons who identify with more than one of the above five <u>races</u> . Please check the races that you identify with from above.				
DISABILITY					
substan	For definition purposes as used herein, an individual who is disabled is any person who has a physical or mental impairment which tially limits one or more of such person's major life activities or who is regarded as having such impairment. (Major life activities night be substantially limited by such impairment include: walking, talking, self care, transportation, and others.)				
Do you	consider yourself to be disabled?				
00 01	Not Disabled. Disabled				
MILITARY SERVICE					
Have y	ou served in the United States Armed Forces? If so, which branch?				
00	Not a Veteran				
01	Veteran				
REFER	REFERRAL SOURCE				
(1)	Community Agency				
(2)	Illinois State Employment Service				
(3)	Newspaper, please identify				
(4)	Village Human Resources Office				
(5)	School Placement, please identify				
(6)	Friend (Not a Village Employee)				
(7)	Village Employee				
(8)	Federal Agency				
(9)	Walk-In				
(10)	Radio Station, please identify				
(11)	Website, please identify site				
(12)	Billboard, please identify				
, ,	site				
(13)	University/City College				
	Poster				
(14)	Village Link Bus, please identify				
	site				
(15)	Other, please identify				

to: sdouglas@saukvillage.org