



VILLAGE OF GLENDALE HEIGHTS
Attn: Human Resources
300 CIVIC CENTER PLAZA
GLENDALE HEIGHTS, ILLINOIS 60139

Human_Resources@GlendaleHeights.Org
630-260-6000

VILLAGE OF GLENDALE HEIGHTS
EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Thank you for your interest in the Village of Glendale Heights. We consider applications for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, marital status or any other legally protected status. Applicants requiring accommodations to the application and/or interview process should notify the Human Resources office.

The Village of Glendale Heights is a DRUG-FREE workplace. All prospective employees are required to submit to a pre-employment drug screen within three days following a conditional employment offer.

Please complete the entire application even if you are submitting a resume. All information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment with the Village. **PLEASE PRINT CLEARLY OR TYPE.**

Position(s) applied for:	Date of Application:
Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Summer <input type="checkbox"/> How did you hear about position?	

Have you had any criminal convictions and pleas of guilty within the last 10 years? Yes No If yes, when was the conviction and for what? _____

APPLICANT INFORMATION

Last Name:	First:	Middle Initial:
Street Address:		Apartment/Unit #:
City:	State:	Zip:
E-mail Address:		
Cell Phone:		
Home Phone:		
Driver's License Number:		
Are you authorized to work in the U.S?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date you are available to work:

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

ADDITIONAL INFORMATION

Please list any specialized skills, licenses, training, courses, seminars, etc., that might relate to the position or type of work that you are applying for:

List professional trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, or other protected class:

State any additional information you feel may be helpful to us in considering your application:

REFERENCES: PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			

PREVIOUS EMPLOYMENT: PLEASE LIST MOST RECENT EMPLOYMENT FIRST

Employer #1		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
Start Date	End Date	Reason for Leaving	
May we contact your previous supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer #2		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
Start Date	End Date	Reason for Leaving	
May we contact your previous supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer #3		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
Start Date	End Date	Reason for Leaving	
May we contact your previous supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: If you need additional space for employment experience, please continue on a separate sheet or contain in resume.

MILITARY SERVICE

Branch		Start Date		End Date	
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APPLICANT'S STATEMENT
(Please Read Carefully Before Signing)

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and that I have not knowingly withheld information that might adversely affect my chances for employment. I understand that any misrepresentation of fact, as stated or implied, will be sufficient reasons to reject my application and shall constitute cause for dismissal, if hired.

I understand that my employment at the Village is contingent upon my successful completion of a valid pre-employment drug test and complete background investigation.

I authorize the Village of Glendale Heights, to contact each former employer, firm or corporation. I authorize any of the these persons to give all information concerning work-related items and I release all parties from liability for any damage that may result from furnishing same to you.

I authorize the Village of Glendale Heights and its agents to investigate my background as it pertains to employment, appointment or volunteering considerations. This may include information contained in public records which could include criminal convictions at the county, state, federal and military jurisdiction levels, motor vehicle records and investigations of employment history and performance and educational credentials. I hereby release all persons, companies or corporations furnishing such information from liability and responsibility.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that nothing contained in this application, communicated during the selection process, nor the Village of Glendale Heights Personnel Policy Manual constitutes an employment contract unless specific document to that effect is executed by the employer and employee in writing.

A photo static copy of this document can be substituted for the original. This document shall be valid for a period of 1 (one) year from the date of my signature.

Application REQUIRES handwritten signature and date (If you have not turned 18-years-old by the date of your application, your application also requires parent/guardian signature to authorize drug testing and background investigation).

My signature below confirms that I have read and understand the above statements.

CLEARLY PRINT FULL NAME:

Applicant Signature:	Date:
Parent/Guardian Signature (required if under 18):	Date:

