

# Application for Employment

**Return to:**  
Human Resources  
Village of Glen Ellyn, 535 Duane St.  
Glen Ellyn, IL 60137  
Fax: 630-469-8849  
Phone: 630-469-5000  
E: [vgeresume@glenellyninfo.org](mailto:vgeresume@glenellyninfo.org)



Rev: 3/16

We welcome you as an applicant with the Village of Glen Ellyn. Your application will be considered without regard to race, color, sex, age, national origin, handicap, disability, marital status or any other type of discrimination prohibited by law. All information in or connected with this application will be considered personal and confidential and only used in conjunction with your possible employment with the Village of Glen Ellyn. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Human Resources. Please complete the entire application. **Disclaimer:** *Relatives of elected or appointed Village officials, or current Village employees are ineligible for employment with the Village in accordance with our employment policies and practices.* Any offer of employment is also contingent upon successful completion of a background check, medical and drug screening.

Name \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State Zip Code  
Home # \_\_\_\_\_ Cellular/Other # \_\_\_\_\_ Email \_\_\_\_\_  
Position(s) applying for \_\_\_\_\_ Date of Application \_\_\_\_\_

If necessary, best time to call you is:..... AM PM  
Home Cellular/Other

May we contact you at work?..... Yes No  
If **yes**, work number and best time to call:  
\_\_\_\_\_ AM PM

If you are 18 years or older?..... Yes No  
If **not**, are you familiar with the Illinois Child Labor Law and able to furnish a valid workers permit from your school that authorizes you to work under specific circumstances?..... Yes No

Have you submitted an application here before?.. Yes No  
If **yes**, give date(s) and position(s): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed here before?..... Yes No  
If **yes**, give date(s): From \_\_\_\_\_ to \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company?  
Yes No

Are you legally eligible for employment in this country?  
Yes No

Date Available for work..... \_\_\_\_\_

Employment desired:  Full-Time  Part-Time  
 Seasonal  Temporary

Will you work overtime if required?..... Yes No  
If **no**, please explain: \_\_\_\_\_

Are you able to perform the “essential functions” of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant’s disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No  Need more information about the job’s “essential functions” to respond

Driver’s license number required if driving may be required in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Answering “yes” to the following question does not constitute an automatic bar to employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. **NOTE:** You are not obligated to disclose sealed or expunged records of conviction or arrest or expunged juvenile records of conviction or arrest.

Have you ever been convicted of, or pled guilty or *nolo contendere* to, any crime other than a minor traffic violation?..... Yes No

If **yes**, please provide date(s) and details: \_\_\_\_\_  
\_\_\_\_\_

Please indicate by checking the appropriate box how you heard about the position(s) for which you are applying:

Job Website (which one?) \_\_\_\_\_  
 Village Employee  Other \_\_\_\_\_

Are you related to any Village of Glen Ellyn employee, elected, or appointed official?..... Yes No  
If **yes**, please state their name and relationship to you:  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History**<sup>27</sup> Starting with your most recent employer, provide the following information: If additional space is required, please attach additional sheets, utilizing the same format.

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Final Compensation  Hourly  Salaried \$ \_\_\_\_\_ per \_\_\_\_\_ Commission/Bonus/Other Compensation \_\_\_\_\_

Immediate supervisor and title (for most recent position held) \_\_\_\_\_

May we contact for reference?  Yes  No  Later e-mail: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Final Compensation  Hourly  Salaried \$ \_\_\_\_\_ per \_\_\_\_\_ Commission/Bonus/Other Compensation \_\_\_\_\_

Immediate supervisor and title (for most recent position held) \_\_\_\_\_

May we contact for reference?  Yes  No  Later e-mail: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Final Compensation  Hourly  Salaried \$ \_\_\_\_\_ per \_\_\_\_\_ Commission/Bonus/Other Compensation \_\_\_\_\_

Immediate supervisor and title (for most recent position held) \_\_\_\_\_

May we contact for reference?  Yes  No  Later e-mail: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If not addressed on previous page, have you ever been terminated or asked to resign from a job?.....Yes No

If *yes*, please explain: \_\_\_\_\_  
 \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses (include license #) and/or certificates that may assist you in performing the position for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Computer Skills** (check appropriate boxes. Include software titles and years of experience.)

- Word Processing \_\_\_\_\_ Years \_\_\_\_  Publisher \_\_\_\_\_ Years \_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years \_\_\_\_  Power Point \_\_\_\_\_ Years \_\_\_\_  
 Other \_\_\_\_\_ Years \_\_\_\_  Other \_\_\_\_\_ Years \_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information:

Name of Institution (incl. city and state)	Years complete	Degree Type or Diploma	Major(s)/ Minor(s)	Did you graduate? Yes or No?

## References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	E-mail	# of years known

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Village Manager or his/her designee. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

The Village does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. EMPLOYMENT WITH THE VILLAGE OF GLEN ELLYN IS ON AN 'AT-WILL' BASIS (i.e.: an employee may resign at any time and the Village may discharge the employee at any time with or without notice, and with or without cause.)

I release the Village of Glen Ellyn from any and all liability that might result from conducting a background investigation. I also release from liability anyone supplying information pursuant to such investigation. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_