



VILLAGE OF DUNDEE APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resume', but all questions must be answered.

PLEASE PRINT

Position applying for:	Date of application:
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PERSONAL DATA			
Name:			
Street Address:			
City	State	Zip	
Home Phone Number:		Cellular Phone Number:	
Are you 18 years of age or older?		Are you legally able to work in the U.S.?	

POSITION INFORMATION			
Check all that you are willing to work			
Hours: Full Time <input type="checkbox"/>	Days <input type="checkbox"/>	Status: Regular <input type="checkbox"/>	
Part Time <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Temporary <input type="checkbox"/>	
	Midnights <input type="checkbox"/>	Seasonal <input type="checkbox"/>	
Have you been convicted of a felony? If yes, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date available to begin employment:			

QUALIFICATIONS				
Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name of High School:			City/State:	
College Name	City/State	Field of Study	Degree/Certificate	Completed?
Any additional certifications, licenses or endorsements?				
Computer skills:	MS Word <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate	MS Excel <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate	Power Point <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate	BS&A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate

	<input type="checkbox"/> Advanced	<input type="checkbox"/> Advanced	<input type="checkbox"/> Advanced	<input type="checkbox"/> Advanced
Other specialized training or skills relevant to the position applying for:				

EMPLOYMENT HISTORY Start with your present or most recent employment
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Job Title:	Start Date:	End Date:
Company Name:		
City/State:	Phone Number:	
Summary of Duties:		
Reason for leaving:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Job Title:	Start Date:	End Date:
Company Name:		
City/State:	Phone Number:	
Summary of Duties:		
Reason for leaving:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Job Title:	Start Date:	End Date:
Company Name:		
City/State:	Phone Number:	
Summary of Duties:		
Reason for leaving:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Job Title:	Start Date:	End Date:
Company Name:		
City/State:	Phone Number:	

Summary of Duties:

Reason for leaving:

May we contact this employer? Yes No

MILITARY SERVICE

Are you a Veteran? Yes No

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If not Honorable, please explain:

PROFESSIONAL REFERENCES

Name	Phone Number	Years Known

BACKGROUND CHECK CONSENT

If asked, are you willing to consent to a background check? Yes No

APPLICANT STATEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The Employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, seasonal, or other type of employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

NOTES: _____

