



Village of Tinley Park

Incorporated June 28, 1892

16250 OAK PARK AVENUE • TINLEY PARK, ILLINOIS 60477
708-444-5000

We are an equal opportunity employer as stated by the Civil Rights Acts of 1964 and by Executive order numbers 11246 and 11701, also Section 503 of the Vocational Rehabilitation Act of 1973.

DATE OF APPLICATION

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Please complete this application in its entirety. Incomplete applications will not be accepted. In addition to your completed application you may attach a resume reflecting your work history. A copy of your high school diploma/GED certificate may be required if selected for an interview. Your qualifications for this position will be evaluated strictly against the information you provide on this application and any supplemental questionnaire that may be required. Please advise Human Resources if you change your address and phone number.

*Please be advised that the most qualified applicants will be referred to the hiring department for further consideration. The hiring department will contact you **only** if you are selected for an interview.

PERSONAL INFORMATION

Date _____ Position Title _____ (one position per application) Have you reached your 18th birthday? Y N

Name _____ SSN# _____
Last First Middle

Present Address _____
No & Street City County State Zip Code

Telephone Number: Home: (_____) _____ Business/Cell: (_____) _____
Area Code Number Area Code Number

Type of work you will accept: Full-Time Part-Time Temporary Best Time to Contact: _____ AM _____ PM
(check all that apply) (please provide best hour to contact)

EDUCATION RECORD

1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4
Graduate School 1 2 3 4 (Check highest level completed)

EDUCATION	SCHOOL NAME & LOCATION	ATTENDED FROM TO	GRAD?	GED OR DIPLOMA	MAJOR
High School/GED			Y N		
College/University			Y N		
Graduate/Professional School			Y N		
Vocational/Technical School			Y N		

LICENSES

Drivers' License: (X) those that apply. For positions which require specific licenses, copies of licenses will be required at the time of interview.

Operators: Class C _____ State _____ No. _____ Exp. Date _____

Commercial: Class A _____ B _____ State _____ No. _____ Exp. Date _____

List other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types and dates received.

License, certification, registration	Type	State	Number	Date Received

SPECIAL SKILLS/LANGUAGES

List any special skills you possess and/or equipment or office machines you can operate.

Languages (other than English) _____

_____ Speak _____ Read _____ Write

OTHER INFORMATION

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Date and Location
Explain:	

REFERENCES

Name	Address	Phone Number

WORK EXPERIENCE

Begin with your most recent position. List all jobs separately. Use additional sheets if more space is necessary. You may attach a resume; however, a resume will not substitute for the information required in this section. Your application will be rejected if you refer to attachments instead of completing the following boxes.

DATES:		EMPLOYER:		POSITION TITLE:	
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
COMPANY URL/WEB SITE ADDRESS:		PHONE NUMBER:		SUPERVISOR (NAME AND PHONE):	
HOURS PER WEEK:		SALARY:	PAID/VOLUNTEER: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MAJOR/MOST FREQUENT DUTIES:					
REASON FOR LEAVING:					
DATES:		EMPLOYER:		POSITION TITLE:	
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
COMPANY URL/WEB SITE ADDRESS:		PHONE NUMBER:		SUPERVISOR (NAME AND PHONE):	
HOURS PER WEEK:		SALARY:	PAID/VOLUNTEER: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MAJOR/MOST FREQUENT DUTIES:					
REASON FOR LEAVING:					
DATES:		EMPLOYER:		POSITION TITLE:	
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
COMPANY URL/WEB SITE ADDRESS:		PHONE NUMBER:		SUPERVISOR (NAME AND PHONE):	
HOURS PER WEEK:		SALARY:	PAID/VOLUNTEER: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MAJOR/MOST FREQUENT DUTIES:					
REASON FOR LEAVING:					

CERTIFICATION

I hereby certify that the information given in this application is correct and true to the best of my knowledge. I authorize the Village of Tinley Park to contact any of my schools, former employers, armed services and physicians and surgeons having medical records pertaining to me, except those indicated, and authorize these entities to furnish all information requested in connection with this employment application. I understand any misrepresentation of the information furnished by me shall be sufficient cause for non-appointment and/or dismissal. I consent to undergo the required medical examinations which may be a condition of my initial and continuing employment. I understand that my classification as a regular employee depends upon successfully completing a probationary period.

APPLICANT'S FULL SIGNATURE (IN INK)	DATE
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