



## EMPLOYMENT APPLICATION

### VILLAGE OF MORTON GROVE APPLICATION FOR EMPLOYMENT

It is the policy of the Village of Morton Grove to compile with all Federal and State employment laws. The Village of Morton Grove is an equal opportunity/affirmative action employer and does not discriminate on the basis of race, color, religion, creed, sex, national origin, ancestry, age, citizenship, mental status, physical or mental handicap, or disability, military status, unfavorable discharge from military services, or any other unlawful basis in the recruitment, selection, or employment of employees.

#### AVAILABILITY OF ACCOMMODATION

If you require any assistance or accommodation in the application or interview process, please contact the Office of the Village Administrator at (847) 470-5220.

#### PERSONAL INFORMATION (Please Print)

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Number/Street City State Zip

Permanent Address \_\_\_\_\_  
Number/Street City State Zip

Phone Number (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Evening

Have you ever filed an application with the Village of Morton Grove?

YES NO Yes, give date of application: \_\_\_\_\_

Have you ever been employed by the Village of Morton Grove?

YES NO Yes, give dates of employment: \_\_\_\_\_

Are you currently employed?

YES NO

May we contact your employer? YES NO

#### EMPLOYMENT DESIRED

Position for which you are applying: \_\_\_\_\_

Other positions for which you would like to be considered: \_\_\_\_\_

Earliest date you can start work: \_\_\_\_\_



Incredibly Close ✨ Amazingly Open

## EMPLOYMENT APPLICATION

### EDUCATION

Please provide information below which satisfies the educational requirements for the position you are seeking, include technical or trade schools, beginning with high school:

Name of School	Major/Course of Study	Degree Earned

### SPECIAL SKILLS

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### EMPLOYMENT HISTORY LAST 10 YEARS (USE ADDITIONAL SHEETS IF NECESSARY):

#### Current or Most Recent Employer

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Reason for Leaving if Applicable: \_\_\_\_\_

May we Contact your Employer?    YES    NO



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## EMPLOYMENT APPLICATION

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### Previous Employer

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Reason for Leaving if Applicable: \_\_\_\_\_

May we Contact your Employer?    YES    NO

### Previous Employer

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Reason for Leaving if Applicable: \_\_\_\_\_

May we Contact your Employer?    YES    NO

### Previous Employer

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Reason for Leaving if Applicable: \_\_\_\_\_

May we Contact your Employer?    YES    NO



## EMPLOYMENT APPLICATION

Have you ever been terminated or asked to resign from a previous employer? (Including employment greater than 10 years ago) YES NO

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

Have you ever served in the armed forces of the United States? YES NO

**Active Duty / National Guard / Reserves** (Circle One if Applicable)

Still Active? YES NO

Branch of Service: \_\_\_\_\_

Period of Service: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_

### RESIDENCE HISTORY FOR LAST 10 YEARS (USE ADDITIONAL SHEETS IF NECESSARY)

Previous Residence 1: \_\_\_\_\_  
Number/Street City State Zip

Dates: \_\_\_\_\_

Previous Residence 2: \_\_\_\_\_  
Number/Street City State Zip

Dates: \_\_\_\_\_

Previous Residence 3: \_\_\_\_\_  
Number/Street City State Zip

Dates: \_\_\_\_\_

### PERSONAL REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years known: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years known: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years known: \_\_\_\_\_ How do you know this person? \_\_\_\_\_



## EMPLOYMENT APPLICATION

### APPLICANT CERTIFICATION

I hereby certified that the statement set forth in this application for employment are true, accurate, and complete to the best of my knowledge and understand that any misrepresentations or omissions of fact made by me on this application or in my interview(s) shall be sufficient cause for my disqualification for employment or termination of employment, if hired. I understand that this application and records provided become property of the Village of Morton Grove.

I hereby authorize the Village of Morton Grove to conduct work history and reference checks including information obtained through personal interviews with persons named as employers in references, to determine my acceptability for employment. Pursuant to the *Illinois Personnel Record Review Act, 820 ILCS 40/0.01 et seq.*, I hereby waive written notice from my current employer and any previous employers and authorize them to release information regarding any disciplinary actions taken against me. Further, I hereby release the officers, agents, employees, and directors of each of my current and past employers and the Village of Morton Grove its officers, agents, and employees, from any and all liability arising from disclosure of personnel records and from verbal appraisals of my past performance.

I understand that an offer of employment is contingent upon my satisfactorily completing and submitting the requisite I-9 form as required by the Village of Morton Grove and by Federal or State law.

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

\_\_\_\_\_  
Date

Do Not Write in This Area – For Office Use Only

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Application complete:    YES       NO      Missing information: \_\_\_\_\_

**DISCLOSURE, AUTHORIZATION AND CONSENT FOR RELEASE OF PERSONAL INFORMATION**

This authorization and consent for release of personal information acknowledges that the Village of Morton Grove ("Village") and/or its agents, may now, or at any time while I am employed by the Village, conduct investigations with regard to me, whether the records are of a public, private or confidential nature. The investigation may be conducted by a consumer reporting agency or another outside service company engaged by the Village for this purpose and may concern information pertaining to my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living. These investigations might include, but are not limited to: searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by me; workers' compensation reports; records from the U.S. Veterans Administration; criminal conviction information on file in local, state or federal agencies; motor vehicle records; and interviews of previous employers, co-workers, associates and other references.

I understand that this information will be used to determine work assignment or employment eligibility under the Village's employment policies. Therefore, I authorize and give consent for full release of records (either in oral or written form) to the authorized representatives of the Village. In addition, I release and discharge the Village and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the *Fair Credit Reporting Act*, 15 USC §1681, I am entitled to know whether employment was denied or another employment decision was based upon the information contained in a consumer report and to receive upon written request, a disclosure of such report. I further understand that if an investigative consumer report, which includes information obtained through personal interviews with previous employers, co-workers, associates and other references, is prepared with regard to me, I am entitled to be informed of the nature and scope of the investigation within five (5) days of my written request for same to the Village, or within five (5) days of the date the report was first requested by the Village, whichever is later.

After reading this document, I fully understand its contents and authorize the background verification.

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Maiden Name (if any): \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness