



## APPLICATION FOR EMPLOYMENT VILLAGE OF ARLINGTON HEIGHTS

**(AN EQUAL OPPORTUNITY EMPLOYER)**

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**Personal Information**

Date \_\_\_\_\_

**Name** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Are you 18 Years or Older? Yes \_\_\_ No \_\_\_

Have you been convicted of a Felony? Yes \_\_\_ No \_\_\_

Have you been convicted of a Misdemeanor other than traffic? Yes \_\_\_ No \_\_\_

Have you ever had your Drivers License Suspended? Yes \_\_\_ No \_\_\_

If Yes Explain \_\_\_\_\_

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Employment Desired

**Position** \_\_\_\_\_ **Date you can** \_\_\_\_\_ **Salary** \_\_\_\_\_  
**Start** \_\_\_\_\_ **Desired** \_\_\_\_\_

ARE YOU EMPLOYED NOW?

IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER?

EVER APPLIED WITH  
THE VILLAGE OF ARLINGTON HEIGHTS  
BEFORE?

IF SO WHEN?

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EDUCATION	NAME AND LOCATION	NO OF YEARS ATTENDED	SUBJECT STUDIED
HIGH SCHOOL			

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EDUCATION	NAME AND LOCATION	NO. OF YEARS ATTENDED	SUBJECT STUDIED
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COLLEGE

TRADE SCHOOL

**USE A SEPARATE SHEET FOR DETAILED ANSWERS**

DO YOU POSSESS ANY SPECIAL SKILLS FOR THE POSITION IN WHICH YOU ARE APPLYING?

PLEASE LIST VOLUNTEER OR FRATERNAL ORGANIZATIONS IN WHICH YOU ARE OR HAVE BEEN A MEMBER OF EXCLUDING RELIGIOUS ORGANIZATIONS

HAVE YOU EVER ILLEGALLY POSSESSED, USED OR SOLD DRUGS OR MARIJUANA?

YES \_\_\_ NO \_\_\_ IF YES GIVE SPECIFIC DETAILS AND DATES

HAVE YOU EVER POSSESSED, INJECTED, INHALED, SWALLOWED OR INGESTED BY ANY OTHER MEANS ANY ILLEGAL DRUGS WITHOUT LEGAL AUTHORIZATION?

YES \_\_\_ NO \_\_\_ IF YES GIVE SPECIFIC DETAILS AND DATES

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY IN THE U.S.A. OR ANY COMMUNIST ORGANIZATION ANYWHERE? YES \_\_\_ NO \_\_\_

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION? YES \_\_\_ NO \_\_\_

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF TERROR OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY VIOLENT OR ILLEGAL MEANS? YES \_\_\_ NO \_\_\_

ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, AS AN AGENT, OFFICIAL OR EMPLOYEE? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OR ORGANIZATIONS OF THE TYPE DESCRIBED ABOVE: CONTRIBUTIONS TO, OR ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR ANY ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER PREPARED, REPRODUCED, OR PUBLISHED BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES? YES \_\_\_ NO \_\_\_

IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THESE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THESE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

**REFERENCES**

**LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYERS)**

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

**PHYSICAL RECORD**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES\_\_\_ NO\_\_\_

IF YES PLEASE DESCRIBE \_\_\_\_\_

IF YES WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? \_\_\_\_\_

**IN CASE OF EMERGENCY**

NOTIFY \_\_\_\_\_  
NAME ADDRESS PHONE

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**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

HIRED YES\_\_\_ NO\_\_\_ POSITION \_\_\_\_\_ DEPT \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED BY SAFETY COMMITTEE \_\_\_\_\_

## EMPLOYMENT HISTORY

List your present and most recent employer first. Include periods of time for the past ten (10) years whether employed or unemployed, including volunteer work and active military service (use additional forms, if necessary). **DO NOT USE "REFER TO RESUME."**

Name of Employer	Immediate Supervisor	Start Date	End Date
Employer Address:		Employer Phone Number	
Starting Position	Current/Ending Position	Starting Wage	
Description of Your Current Work		Current/Ending Wage	
		Reason for Leaving	
Name of Employer	Immediate Supervisor	Start Date	End Date
Employer Address:		Employer Phone Number	
Starting Position	Current/Ending Position	Starting Wage	
Description of Your Current Work		Current/Ending Wage	
		Reason for Leaving	
Name of Employer	Immediate Supervisor	Start Date	End Date
Employer Address:		Employer Phone Number	
Starting Position	Current/Ending Position	Starting Wage	
Description of Your Current Work		Current/Ending Wage	
		Reason for Leaving	

## SERVICE RECORD

Branch of Service	Discharge Date & Rank*
Present Membership National Guard/Reserves	Date Obligation Ends
*You must attach discharge papers or other proof of service to receive credit	

Have you ever been convicted of a felony or misdemeanor in the last 5 years? Yes  No

## AUTHORIZATION

I understand and agree that I may be required to take one or more of the following: physical examination (including drug and alcohol screening); lie detector test (safety forces only) as a condition of hiring or continued employment. I agree to consent to take such tests at such time as designated by the City and release to the City, its directors, officers, agents or employees from any claim arising in connection with the use of such tests.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise and release all parties from liability for any damages that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**VILLAGE OF ARLINGTON HEIGHTS  
AUTHORIZATION AND RELEASE**

In connection with my application for employment, I understand that reference and background checks will be conducted that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I voluntarily and knowingly authorize the Village of Arlington Heights and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to the Village of Arlington Heights or its agents. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntary and knowingly, fully release and discharge, absolve, indemnify and hold harmless the Village of Arlington Heights, its agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following information is required for positive identification purposes when checking records. It is confidential and will not be used for any other purposes.

**Please Print Clearly**

Name: Last	First	Middle
Other Names Used:		
Address		
City	State	Zip Code
Telephone Number	Social Security Number	Date of Birth

Driver's License Information: State: \_\_\_\_\_ Number: \_\_\_\_\_