



**VILLAGE OF FOX LAKE**  
66 Thillen Dr.  
Fox Lake, IL 60020  
Phone: 847-587-2151

### **Application for Employment**

#### **PERSONAL**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Position Desired? \_\_\_\_\_

How did you learn about us?  Advertisement  Relative  Inquiry

Employment Agency  Friend  Other \_\_\_\_\_

Can you perform the essential functions of the position in which you are applying?

(If you have any questions as to what functions are applicable to the position in which you are applying, please ask the Human Resources department for a copy of the job description before you answer this question)

Yes  No  If no, please explain.

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When would you be available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? Yes  No   
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? Yes  No   
(If no, you may be required to provide authorization to work)

Have you ever worked for the Village of Fox Lake before?

Yes  No

If yes, which department? \_\_\_\_\_

When? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Village? Yes  No   
If yes, please provide their name and where they work.

Are you available to work:

1<sup>st</sup> Shift  2<sup>nd</sup> Shift  3<sup>rd</sup> Shift

Full Time  Part Time  Temporary

Are you presently employed? Yes  No

If yes, may we contact your current employer? Yes  No

Do you belong to any professional, trade, business or civic organizations related to the position for which you are applying?

Yes  No

If yes, please explain and list offices held:

(Omit any organizations, which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

**EDUCATION**

	Name and Location of School	Course of Study	# of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying?

Yes  No  If yes, please describe:

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Computer Skills:

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List academic honors, extracurricular activities, offices held, etc. in high school or college:

(Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

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**EMPLOYMENT** Start with your present or most recent position

<b>Name of Employer</b>		Telephone Number	
		( )	
Full Address (Including Street, City, State & Zip)			
Dates Employed From MM/DD/YR To MM/DD/YR	Supervisor's Name and Title		Pay Rate Beginning End \$ \$
Describe Work Performed			
<hr/> <hr/>			
Reason for Leaving			
<hr/> <hr/>			
<b>Name of Employer</b>		Telephone Number	
		( )	
Full Address (Including Street, City, State & Zip)			
Dates Employed From MM/DD/YR To MM/DD/YR	Supervisor's Name and Title		Pay Rate Beginning End \$ \$
Describe Work Performed			
<hr/> <hr/>			
Reason for Leaving			
<hr/> <hr/>			
<b>Name of Employer</b>		Telephone Number	
		( )	
Full Address (Including Street, City, State & Zip)			
Dates Employed From MM/DD/YR To MM/DD/YR	Supervisor's Name and Title		Pay Rate Beginning End \$ \$
Describe Work Performed			
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Reason for Leaving			
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## PROFESSIONAL REFERENCES

Give three individuals (not relatives or friends)

Name/Job Title	Company
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number (      )
Name/Job Title	Company
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number (      )
Name/Job Title	Company
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number (      )

**APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES AND EQUALY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.**

### IMPORTANT, PLEASE READ AND SIGN

*I certify that answers given herein are true and complete.*

*I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.*

*This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.*

*In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_