



Applicant Signature: \_\_\_\_\_

# Village of Maple Park

302 Willow Street ♦ P.O. Box 220 ♦ Maple Park, Illinois 60151

## APPLICATION FOR EMPLOYMENT

*The Village of Maple Park is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, age, national origin, religion, sexual orientation, or physical/mental disability (except where physical/mental requirements constitute a bona fide occupational qualification).*

**INSTRUCTIONS:** Read each question carefully and answer each question accurately and truthfully. Incomplete applications for employment will be rejected. The “Applicant Signature” line in the upper right-hand corner of each page must contain the signature of the applicant. Resumes will be accepted as supporting documentation, but will NOT fulfill the requirement to complete all portions of this application for employment. All statements made by you on this document are subject to verification and will be used for purposes of a background investigation. Incorrect statement(s) may cause any offer of employment to be rescinded or employment to be terminated. All entries, except signature, must be printed legibly in black or blue ink in your own handwriting or typed. If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use “NA” (not applicable) if the question does not apply.

**Position Applied For:** \_\_\_\_\_

<b>PERSONAL DATA</b>	
<b>1. Name (Last) (First) (Middle)</b>	<b>2. List any other names or aliases you have used, or been known by (include maiden name, if applicable)</b>
<b>3. Home Address (Number, Street Name (and Apt# if applicable))</b>	<b>City, State, Zip Code</b>
<b>4. Do you reside within a 25 minute drive from Maple Park?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>5. Phone numbers and e-mail addresses:</b>	
Primary phone number: _____	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Landline
Alternate phone number: _____	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Landline
Alternate phone number: _____	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Landline
Primary e-mail address: _____	
Secondary e-mail address: _____	
<b>6. If hired, will you be able to provide documentation within 3 days that will prove identification and work eligibility in accordance with Immigration Reform and Control Act of 1986 and verify your information by signing INS Form I-9?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>7. Date you can start employment:</b>	
<b>8. Salary desired:</b> _____	
<b>9. Indicate shifts you would be willing to work (check all that apply):</b>	
<input type="checkbox"/> Day Shift	<input type="checkbox"/> Weekends
<input type="checkbox"/> Afternoon Shift	<input type="checkbox"/> Holidays
<input type="checkbox"/> Evening Shift	

Applicant Signature: \_\_\_\_\_

**10. Do you have any relatives employed by the Village of Maple Park or serving on the Village Board of Trustees?**  
 No  Yes If yes, indicate name of relative, relationship, and position held:

Name of relative	Relationship to you	Position held within the Village of Maple Park

**11. Do you have a financial interest in a business or enterprise engaged in business within the Village of Maple Park?**  
 No  Yes If yes, please provide details.

**12. Can you perform the essential functions of this job with or without reasonable accommodation?**  No  Yes  
*The Village of Maple Park will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of the Village.*

**EDUCATION, QUALIFICATIONS, TRAINING, CERTIFICATIONS AND LICENSES**

**13. List the various schools you have attended. (Use continuation sheet if additional writing space is required)**

Name and Address of School (include City and State)	Years attended	Diploma or GED? Yes or No
Grammar School(s)		
High School(s) or GED		
College or University		

**14. Do you currently have, or will you be able to provide within 30 days of hire, a valid Illinois Drivers License?**  
 No  Yes Indicate expiration date: \_\_\_\_\_

**15. Have you used computers in your prior or current position?**  No  Yes If yes, indicate programs/software used:

Applicant Signature: \_\_\_\_\_

**16. Please list all job-related skills or qualifications that you possess which would help you perform the duties of the position you are seeking. Please also list any completed courses, training, certifications and licenses relevant to this position (or attach a typed list).**

**Job –related Skills or Qualifications:**

<b>Courses, Training, Certification, Licenses</b>	<b>Number of Credit Hours</b>	<b>Completion Date</b>	<b>Name of Educational Institution or Organization</b>

Applicant Signature: \_\_\_\_\_

### EMPLOYMENT HISTORY

17. Have you ever worked for the Village of Maple Park as an employee, contractor or consultant?

No       Yes      Dates: \_\_\_\_\_      Position: \_\_\_\_\_

18. Describe your work history for at least the past ten years, beginning with your current or most recent job. If you have had more than four employers in the past ten years, attach additional sheets with the same information requested below for these additional employers.

**Employer #1** – May we contact this employer if an offer of employment is extended to you as part of our background investigation?  
 Yes  No If no, explain:

Organization/Company Name	Street Address	City, State, Zip Code
Job Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
Dates of Employment	Telephone Number	Supervisor's Name and Title

Reason for Leaving

Describe specific job duties:

**Employer #2** – May we contact this employer if an offer of employment is extended to you as part of our background investigation?  
 Yes  No If no, explain:

Organization/Company Name	Street Address	City, State, Zip Code
Job Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
Dates of Employment	Telephone Number	Supervisor's Name and Title

Reason for Leaving

Describe specific job duties:

Applicant Signature: \_\_\_\_\_

**Employer #3** – May we contact this employer if an offer of employment is extended to you as part of our background investigation?

Yes  No If no, explain: \_\_\_\_\_

<b>Organization/Company Name</b>	<b>Street Address</b>	<b>City, State, Zip Code</b>
<b>Job Title</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
<b>Dates of Employment</b>	<b>Telephone Number</b>	<b>Supervisor's Name and Title</b>
<b>Reason for leaving</b>		
<b>Describe specific job duties:</b>		

**Employer #4** – May we contact this employer if an offer of employment is extended to you as part of our background investigation?

Yes  No If no, explain: \_\_\_\_\_

<b>Organization/Company Name</b>	<b>Street Address</b>	<b>City, State, Zip Code</b>
<b>Job Title</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
<b>Dates of Employment</b>	<b>Telephone Number</b>	<b>Supervisor's Name and Title</b>
<b>Reason for leaving</b>		
<b>Describe specific job duties:</b>		

**CRIMINAL / ARREST / COURT HISTORY / LAWSUIT / DISCIPLINARY ACTION**

**Have you ever had/been ... If additional space is needed, please use the Continuation of Response area on Page 9 of the application.**

<p><b>19. Convicted of or pled guilty to any criminal offense, other than minor traffic violations?</b></p> <p>(Note: You are not obligated to disclose sealed or expunged records of conviction, or any juvenile records of adjudication, arrest, or conviction.)</p> <p>A criminal conviction will not necessarily be a bar to employment. Expunged juvenile records will not be considered for employment decisions. To help us evaluate your application, please describe the nature of the offense for which you were convicted, the circumstances surrounding the commission of the offense and your subsequent rehabilitation (if applicable).</p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes, explain in detail (including date and name of city, county, state).</p>
<p><b>20. Associated with any gangs or gang members?</b></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes, explain in detail.</p>
<p><b>21. Associated with any individual or organization that was investigated, or is being investigated, for involvement in any criminal activity?</b></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes, explain in detail.</p>
<p><b>22. An Order of Protection entered against you?</b></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes, explain in detail (including date and name of city, county, state).</p>
<p><b>23. Have you ever been party to a lawsuit, personally or professionally in the last seven (7) years?</b></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes, list and explain each lawsuit in detail.</p>
<p><b>24. Have you ever been subject to any disciplinary action by your employer in the last seven (7) years, up to / and including termination?</b></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes, list and explain each action in detail.</p>

Applicant Signature: \_\_\_\_\_

**MILITARY RECORD**

**25. Have you ever served in the armed forces, National Guard or military reserves?**

Yes  No If yes, highest rank attained: \_\_\_\_\_

<b>Branch of Military Service</b>	<b>Serial Number</b>	
<b>Type of Discharge</b>	<b>Telephone Number</b>	<b>Supervisor's Name and Title</b>

**Member of reserve?**

Yes  No  Ready  Standby

**Was any type of disciplinary action taken against you in service that remains a part of your permanent record?**

No  Yes, of what nature: \_\_\_\_\_

**E-MAIL/WEB USE**

**26. Please list all e-mail addresses and/or web pages (Facebook, Twitter, Tik Tok, etc.) you have utilized for the previous two years.**


Applicant Signature: \_\_\_\_\_

**PRIOR LAW ENFORCEMENT APPLICATIONS**

**27. Have you ever applied for a law enforcement position previously? (Include all on a separate sheet of paper if necessary.)**

Name of Agency (Address, City & Zip Code)	Date Applied	Accepted Y/N	Reason Denied



Applicant Signature: \_\_\_\_\_

**PERSONAL STATEMENT**

28. In your own words, why should you be considered for this position?

**CONTINUATION OF RESPONSE**

Indicate in the left-hand column the number of the question you are answering and then complete your answer in the space provided below. If additional space is needed, please attach a blank sheet.

<b>Question Number</b>	<b>Continuation of Answer</b>

**AUTHORIZATION**

**Please read carefully before signing.**

I understand that neither the completion of this Application for Employment nor any other part of my consideration for employment establishes obligation for the Village of Maple Park (“Village”) to hire me. If I am hired, I understand that the Village (as “at will employers”) or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Village has authority to make any assurance to the contrary.

I attest with my signature below that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any omission of fact, misrepresentation, deception, or false statement made in this Application for Employment may result in my being denied consideration for employment, and if not discovered by the Village until after my becoming employed, is grounds for, and may result in, my immediate termination, regardless of when or how discovered.

I authorize investigation of all statements contained herein and expressly give permission (as may be directed herein) to the references listed above to give you, the Village, any and all information concerning my previous employment or any other pertinent information they have. I hereby release all parties from liability for any damage that may result from furnishing any information about me in connection therewith.

**THIS APPLICATION IS ONLY VALID FOR 60 DAYS FROM THE DATE SIGNED/DATED BELOW.**

**SIGNED:**

**DATE:**