



APPLICATION FOR EMPLOYMENT
VILLAGE OF CLARENDON HILLS

Fire Department
316 Park Avenue
Clarendon Hills, Illinois 60514-1352



EQUAL EMPLOYMENT POLICY

We welcome you as an applicant for employment with the Village of Clarendon Hills. Your application will be reviewed on the basis of merit and without regard to race, color, religion, sex, age, national origin, disability, marital status or any other type of discrimination prohibited by law.

PERSONAL INFORMATION

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

POSITION(s) DESIRED: \_\_\_\_\_

NAME: Last First Middle

DEPARTMENT: \_\_\_\_\_

CURRENT ADDRESS: Number Street Apt#

Have you ever applied to this organization before?

City State Zip Code

YES: \_\_\_\_\_ NO: \_\_\_\_\_

PREVIOUS ADDRESS: Number Street Apt#

If yes, give date(s): \_\_\_\_\_

City State Zip Code

TELEPHONE NUMBER: ( ) -

Are you related to anyone (other than through marriage) currently employed by the Village or serving as an official for the Village?

Social Security Number: \_\_\_\_\_

If yes, give name, department or office, and relationship.

Drivers License Number: \_\_\_\_\_

Class: \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

In case of accident or emergency, please notify:

Name Address Phone #

FOR VILLAGE USE ONLY: Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Routed to: \_\_\_\_\_

Have you ever been convicted of (1) a felony or (2) a misdemeanor within the last 5 years?  
 (Conviction may be an automatic bar to employment. Each case will be considered on its own merits.)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### EDUCATIONAL INFORMATION

Elementary 6 7 8      High School 1 2 3 4 GED      College 1 2      Assoc. Degree Bach. Masters  
(circle highest level completed)

Name of High School or GED Program: \_\_\_\_\_ Location: \_\_\_\_\_

Dates (mo./yr.) attended: \_\_\_\_\_ If graduated, month & year: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_

Offices, honors/awards: \_\_\_\_\_

College/Graduate School:

Name & Address	From	To	Degree	Major	Extracurricular activities, Honors and Awards

If any portion incomplete, number of college undergraduate or graduate credit hours successfully completed: \_\_\_\_\_

Part-time and summer work \_\_\_\_\_

Subsequent courses, studies, seminars, workshops and certificates you hold that might relate to this position \_\_\_\_\_

\_\_\_\_\_

List any skills that you might have that are related to this position \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

INSTRUCTIONS: Please list all employers beginning with your present or most recent employment. **Please supply all information requested.** You are encouraged to submit a personal resume in addition to this Application, if you so desire. If you need additional space, use another sheet of paper.

PLEASE GIVE INFORMATION BELOW:

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EMPLOYER'S NAME	MAILING ADDRESS	TELEPHONE NUMBER
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POSITION HELD	DUTIES PERFORMED	IMMEDIATE SUPERVISOR
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EMPLOYMENT DATES	LAST SALARY	REASON FOR LEAVING
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FROM \_\_\_\_\_ TO \_\_\_\_\_

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EMPLOYER'S NAME	MAILING ADDRESS	TELEPHONE NUMBER
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POSITION HELD	DUTIES PERFORMED	IMMEDIATE SUPERVISOR
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EMPLOYMENT DATES	LAST SALARY	REASON FOR LEAVING
------------------	-------------	--------------------

FROM \_\_\_\_\_ TO \_\_\_\_\_

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EMPLOYER'S NAME	MAILING ADDRESS	TELEPHONE NUMBER
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POSITION HELD	DUTIES PERFORMED	IMMEDIATE SUPERVISOR
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EMPLOYMENT DATES	LAST SALARY	REASON FOR LEAVING
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FROM \_\_\_\_\_ TO \_\_\_\_\_

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EMPLOYER'S NAME	MAILING ADDRESS	TELEPHONE NUMBER
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POSITION HELD	DUTIES PERFORMED	IMMEDIATE SUPERVISOR
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EMPLOYMENT DATES	LAST SALARY	REASON FOR LEAVING
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FROM \_\_\_\_\_ TO \_\_\_\_\_

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EMPLOYER'S NAME	MAILING ADDRESS	TELEPHONE NUMBER
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POSITION HELD	DUTIES PERFORMED	IMMEDIATE SUPERVISOR
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EMPLOYMENT DATES	LAST SALARY	REASON FOR LEAVING
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FROM \_\_\_\_\_ TO \_\_\_\_\_

## PERSONAL REFERENCES

Please note that we will contact your present and former employers for a reference.

Please list the names and telephone numbers of three (3) people not related to you who you have known for at least five years.

NAME	ADDRESS	PHONE #	RELATIONSHIP	HOW LONG
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please briefly tell us why you are applying for this position and why you think you would be successful in this job:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PLEASE READ THE FOLLOWING STATEMENT

I certify that the facts contained on this application form or on any other document(s) supplementing this application and thus having become part of this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements shall be grounds for dismissal.

I authorize an investigation of all information provided in conjunction with my application for employment, including contacting my supervisors, to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the information to you.

I understand that if hired, I may resign at any time and the Village of Clarendon Hills can terminate my employment at any time, pursuant to its personnel policies.

I understand that employment with the Village of Clarendon Hills is contingent upon the successful completion of a specified probationary period.

I also understand that I must undergo, at the Village's expense, a physical examination and drug/alcohol screening, the result of which must indicate that I meet the physical requirements of the job for which I am applying.

My signature below confirms that I have read and understand the above statements.

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

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



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AUTHORITY FOR RELEASE OF INFORMATION

Form fields for personal information: Last Name, First Name, Middle, Sex, Race, DOB, Place of Birth (City), County, State, Country, Social Security #

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Village of Clarendon Hills...

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans and also the records of commercial or retail credit agencies...

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Clarendon Hills Fire Department and Clarendon Hills Police Department...

I understand that any information obtained by a personal history background investigation, which is developed directly, or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Clarendon Hills Fire Department. I understand that all materials pertaining to this background investigation become the property of the Village of Clarendon Hills...

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees (including Clarendon Hills Bank, a branch of Hinsdale Bank & Trust Company), from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Must be signed in the presence of a notary:

Subscribed and sworn before me this \_\_\_ day of \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary: \_\_\_\_\_

Signature

Street Address

City State Zip