 **HILLSIDE DEPARTMENT OF HOMELAND SECURITY
& EMERGENCY MANAGEMENT**

4151 MAY STREET HILLSIDE IL. 60162

 Office (708) 449-6410 Email: SLundgren@hillside\_il.org

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| APPLICATION FOR EMPLOYMENT |

**PERSONAL INFORMATION (Please Print)** Date:

Name:

Address:

Telephone No.: Email:

Are you legally authorized to work in the United States? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ (*Proof will be required, if hired*)

Are you less than 18 years of age? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

*(Note: We comply with State and Federal child labor regulations.)*

**EMPLOYMENT DESIRED**

Position(s) applied for:

Base Salary expectations:

If hired, on what date can you start work?

Have you worked with the Village before? Yes \_\_\_ No \_\_\_ If yes, dates employed:

Position(s) held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving:

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, may we contact your current employer?: Yes\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

**REFERENCES**Please list three individuals, who are not related to you and whom you’ve had a professional relationship with, that you have known for at least one year, and whom we may contact as additional references.

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| --- | --- | --- | --- |
| NAME | RELATIONSHIP | PHONENUMBER | EMAIL |
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE WITH REGARD TO AN INDIVIDUAL’S ACTUAL OR PERCEIVED RACE, SEX, RELIGION, COLOR, NATIONAL ORIGIN, CITIZENSHIP, DISABILITY, AGE, VETERAN STATUS, MARITAL STATUS OR ANY OTHER BASIS PROTECTED BY LAW IN MAKING ANY EMPLOYMENT DECISIONS. WE ALSO PROVIDE REASONABLE ACCOMMODATIONS TO DISABLED INDIVIDUALS (INCLUDING MEDICAL CONDITIONS RELATED TO PREGNANCY OR CHILDBIRTH).

**EMPLOYMENT HISTORY**

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

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| NAME OF EMPLOYER | JOB TITLE AND DUTIES |
| ADDRESS |
| CITY , STATE, ZIP CODE | DATES OF EMPLOYMENT(MO/YR): FROM TO |
| SUPERVISOR | TELEPHONE | REASON FOR LEAVING |
| NAME OF EMPLOYER | JOB TITLE AND DUTIES |
| ADDRESS |
| CITY, STATE, ZIP CODE | DATES OF EMPLOYMENT(MO/YR): FROM TO |
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| SUPERVISOR | TELEPHONE | REASON FOR LEAVING |

 **APPLICANT'S STATEMENT**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or false statements made during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by the Village of Hillside (the “Village”). I understand that filling out this form does not indicate there is a position open and does not obligate the Village to hire me. I understand that nothing in this form creates a promise or guarantee of employment or any specific term of employment, if hired.

*Signature of Applicant Date****Please Email The Application to SLundgren@hillside-il.org***