



CITY OF WEST CHICAGO

“Where History and Progress Meet”

475 Main Street
West Chicago, Illinois 60185

(630) 293-2200
(630) 293-3028 FAX

CITY OF WEST CHICAGO

APPLICATION FOR EMPLOYMENT

We appreciate your interest in the City of West Chicago. Please provide the City of West Chicago with your background, education, work experience and skills to enable us to determine whether you are a qualified candidate for the position for which you are applying. Please complete this form fully and accurately. If you are unable to recall specifically any item of information requested, please so indicate. All information provided is subject to verification.

The City of West Chicago is an equal opportunity employer and adheres to the principles and practices outlined in applicable federal, state and local laws and regulations that prohibit discrimination in employment and hiring. It is the policy and practice of the City to hire, train, promote, compensate and administer all employment practices without regard to race, color, ancestry, national origin, religion, sex, marital status, veteran status, medical condition, pregnancy, or physical disabilities unrelated to the ability to perform essential job functions with or without reasonable accommodations. The City of West Chicago fully complies with the Americans with Disabilities Act. If an applicant requests a reasonable accommodation for purposes of completing the job application process, please contact us at (630) 293-2200.

PERSONAL INFORMATION

(Please Print)

Name: _____ Last Four digits of Social Security Number: _____
Last Name First Name Middle Name

Address: _____
Street/Apt. # City/State Zip County

Home Telephone: () _____ Cell Phone: () _____

Driver's License No. _____ State Issued: _____

Are you legally authorized to drive in the State of Illinois? Yes No Do you have a valid Illinois CDL? Yes No

APPLICANT POSITION

Position: _____ Available Start Date: _____

Preferred Status: Full Time Part Time Temporary

Working Schedule: Days Evenings Nights Weekends Holidays Rotating

How did you learn about this position: Internet Newspaper Job Bulletin Referred Job Fair

Professional Journal Other Please specify: _____

Have you ever applied for employment to the City of West Chicago before: Yes No If Yes, when: Month _____ Year _____

Were you ever employed by the City of West Chicago: Yes No If Yes, when: Month _____ Year _____

In which Department/Division: _____ Job Title: _____

Please list any other languages which you can speak or read: _____

SPECIAL TRAINING/EDUCATIONAL HISTORY

Indicate Highest High School College Post Graduate
Grade Completed: 9 10 11 12 13 14 15 16 1 2 M.A. PhD.

School	Name	Years Attended From To	Major(s)	Graduate Yes/No	Degrees/Certificates
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High School: _____

College: _____

Post Graduate: _____

Other: _____

Military Service Branch: _____ Length of Service: _____ Dates: _____

MISCELLANEOUS

Are you legally authorized to work in the United States? Yes No
Employment is subject to verification of U.S. citizenship or immigration status, in accordance with the Immigration Reform & Control Act.

Have you ever been convicted of a criminal offense other than a minor traffic violation?
Yes No If Yes, list Case Numbers, Court Location, Disposition: _____

EMPLOYMENT HISTORY

Please list all current and previous employment, starting with your current employment.

Employer: _____ Phone Number: () _____

Address: _____
Street City/State Zip

Position Title: _____ Name/Title of Supervisor: _____

Employment Dates: From: ____ / ____ To: ____ / ____ Beginning Salary: \$ ____ Ending Salary: \$ ____

Are you currently working for this Employer? Yes No If Yes, may we contact employer? Yes No

Please specify the reason for leaving: _____

PREVIOUS EMPLOYMENT

Employer: _____ Phone Number: () _____

Address: _____
Street City/State Zip

Position Title: _____ Name/Title of Supervisor: _____

Employment Dates: From: ____ / ____ To: ____ / ____ Beginning Salary: \$ ____ Ending Salary: \$ ____

Are you currently working for this Employer? Yes No If Yes, may we contact employer? Yes No

Please specify the reason for leaving: _____

PREVIOUS EMPLOYMENT

Employer: _____ Phone Number: () _____

Address: _____
Street City/State Zip

Position Title: _____ Name/Title of Supervisor: _____

Employment Dates: From: ____ / ____ To: ____ / ____ Beginning Salary: \$ ____ Ending Salary: \$ ____

Are you currently working for this Employer? Yes No If Yes, may we contact employer? Yes No

Please specify the reason for leaving: _____

REFERENCES

Please list three (3) references that are familiar with your work history and work experience. Please do not list relatives or friends.

Name: _____ Company: _____

Relationship: _____ Years Known: _____

Phone: _____ Address: _____

Name: _____

Company: _____

Relationship: _____

Years Known: _____

Phone: _____

Address: _____

Name: _____

Company: _____

Relationship: _____

Years Known: _____

Phone: _____

Address: _____

EMPLOYMENT CERTIFICATION

I acknowledge that I have read, understand and agree with all of the information provided in this Application. I certify that all information contained in this Application is true, correct and complete, to the best of my knowledge and belief. I agree and understand that any false statements contained in this application may cause rejection of my consideration for employment or termination of employment.

I authorize the investigation of current and previous employment and education records and all pertinent information, personal or otherwise. I further authorize the City of West Chicago to receive all information relative to such verification and release all parties from all liability for any damages that may result from furnishing the same. I understand that the City of West Chicago reserves the right to verify criminal records information I have provided through appropriate local, state or federal law enforcement agencies and I authorize same.

I understand that nothing in this Application is intended to create any contract of employment. If accepted for employment, I understand that I will be an at-will employee of the City of West Chicago and I agree to abide by the rules and policies of the City of West Chicago as set forth in the City Code and/or any Employee Policies and Procedures manual.

Date

Signature of Applicant