

Village of Tolono

PO Box 667

Tolono, IL 61880-0667

217-485-5212

Application for Employment

Position you are applying for: _____ Date of Application: _____

APPLICANT'S PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: **DO NOT ENTER** Phone: _____ Email Address: _____

Have you previously worked for this company? Yes No If so, when? _____

Are you currently employed? Yes No If yes, do you work Full Time Part Time

May we contact your present employer? Yes No Are you available to work Full Time? Yes No

If offered employment with the Village of Tolono, when would you be available to start work? _____

Do you possess a valid, current Illinois driver's license? Yes No

Are you eligible to work in the United States? Yes No

EDUCATION

School	Location	Years Completed	Year Graduated If Applicable
High School			
Undergraduate College			
Graduate School			
Other (Specify)			

Describe any specialized training/skills you believe add to your ability to perform the job applied for:

List any equipment, machinery or vehicle, which you are capable of operating, that would enhance your ability to perform the job applied for:

List professional, trade, business or civic activities and offices held at your discretion:

EMPLOYMENT EXPERIENCE – Start with present or last job first, up to a 10 year period.

Dates Employed: From _____ To _____ Employer: _____

Address: _____

Phone Number(s): _____ Job Title: _____

Hourly Rate/Salary: Starting _____ Final _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____ May we Contact? Yes No

Dates Employed: From _____ To _____ Employer: _____

Address: _____

Phone Number(s): _____ Job Title: _____

Hourly Rate/Salary: Starting _____ Final _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____ May we Contact? Yes No

Dates Employed: From _____ To _____ Employer: _____

Address: _____

Phone Number(s): _____ Job Title: _____

Hourly Rate/Salary: Starting _____ Final _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____ May we Contact? Yes No

Dates Employed: From _____ To _____ Employer: _____

Address: _____

Phone Number(s): _____ Job Title: _____

Hourly Rate/Salary: Starting _____ Final _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____ May we Contact? Yes No

REFERENCES – Please indicate two personal and up to three professional.

Name: _____ Select reference type: Personal Professional
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____

Name: _____ Select reference type: Personal Professional
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____

Name: _____ Select reference type: Personal Professional
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____

Name: _____ Select reference type: Personal Professional
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Phone: _____ Email Address: _____

Name: _____ Select reference type: Personal Professional
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

DISCLAIMER

The Village of Tolono considers applicants for all positions without regard to race, color, creed, gender, national origin, age, non-essential physical disability, marital or veteran status, sexual orientation, or any other legally protected status.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not to be considered a contract of employment.

I hereby authorize and direct any and all listed prior employers, schools, individuals, and institutions to release and furnish to the Village of Tolono, Illinois, any information the Village may request about me and my application for employment.

I also authorize and direct the Village of Tolono to complete a background check, as determined by the Village of Tolono, to disclose any criminal records regarding me to the Village of Tolono.

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 Village of Tolono upon employment.

Applicant's Signature: _____

Date: _____

When your email opens, your completed application will be included as an attachment. If you wish to attach additional documents, such as a cover letter and resume, please feel free to do so in that email.

After printing or emailing your application to the Village of Tolono - you will be given an opportunity to save your completed application.

Please be sure to save your application before you exit.

The Village of Tolono will not be responsible for misdirected, mislabeled, illegible or incomplete applications.

Applications may be mailed to, or dropped off at these locations:

Mail To:

Village of Tolono
PO Box 667
Tolono, IL 61880-0667

Drop Off:

Village of Tolono
507 W Strong
Tolono, IL 61880