

# 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 #: \_\_\_\_\_ 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  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: \_\_\_\_\_

**Both options will give you the opportunity to save your application on your device using the "SAVE AS" file function before executing your choice to print or email your application.**