



Village of Western Springs

740 Hillgrove Avenue
Western Springs, IL 60558
708-246-1800
www.wsprings.com

APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the Village of Western Springs to provide equality of opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, political affiliation, marital status, disability, sex, or age (except when sex, age, or disability is a bona fide occupational qualification) in all aspects of our personnel policies, programs, practices and operations. This policy applies to all phases of full, part-time, temporary and seasonal employment.

All information contained in this application will be considered personal and confidential, and used only in conjunction with your possible employment by the Village of Western Springs. Please provide us with complete information as outlined in this application. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying. Applications may be typed or handwritten.

Personal Data

Name _____
Last First Middle

Address _____
Street City County State Zip Code

Home Phone (____) _____ Mobile/Other Phone (____) _____

E-mail address _____

Position Applied For _____ Date Available _____

Permanent Part-Time Temporary Seasonal

Have you filed an application here before Yes No Date _____

Are you related to anyone employed by the Village of Western Springs? Yes No.

If yes, list name(s) _____

How were you referred to the Village of Western Springs?

Newspaper Employee Web site Other _____

Have you ever been convicted by any court for any offense? Do not include traffic violations. Applicant is not obligated to disclose sealed or expunged records of conviction or arrest. (Conviction is not an automatic bar to employment. Each case will be considered on its own merits.) Yes No

Explanation, if necessary _____

Employment History — Please list employers beginning with your present or most recent employment.

Employer _____ Telephone _____

From _____
Month Year

Address _____

To _____
Month Year

Supervisor's Name and Title _____

Full Time
Part Time
Hours Per Week _____

Your Title _____

Last Salary _____

Your Duties _____

May we contact this employer?
 Yes No

Reason for Leaving _____

Employer _____ Telephone _____

From _____
Month Year

Address _____

To _____
Month Year

Supervisor's Name and Title _____

Full Time
Part Time
Hours Per Week _____

Your Title _____

Last Salary _____

Your Duties _____

May we contact this employer?
 Yes No

Reason for Leaving _____

Employer _____ Telephone _____

From _____
Month Year

Address _____

To _____
Month Year

Supervisor's Name and Title _____

Full Time
Part Time
Hours Per Week _____

Your Title _____

Last Salary _____

Your Duties _____

May we contact this employer?
 Yes No

Reason for Leaving _____

If you need additional space, please continue on a separate piece of paper. Summarize special skills and qualifications:

Education

| Type of School | Name/Address of School | Major | Circle Last Year Completed | Degree Earned (If yes, indicate degree) |
|-------------------------------------|------------------------|-------|----------------------------|--|
| High School | | | 9 10 11 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, have you passed GED? ____ |
| College/University | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College/University | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Graduate | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Technical/Business/ Trade School | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Honors Received: _____

References — Please list three references

| Name | Relationship | Address | Phone |
|----------|--------------|---------|-------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

May these references be contacted? Yes No

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

Date

Signature

