



EMPLOYMENT APPLICATION

(please complete, sign and date)

HUMAN RESOURCES
301 EAST IRVING PARK ROAD
STREAMWOOD, ILLINOIS 60107
630-736-3800 (TDD: 630-736-3798)
humanresources@streamwood.org

Equal access to Village programs, services and employment is available to all persons. Applicants requiring accommodation for the application, testing, and/or interview process must file a formal written request with Human Resources prior to the application due date for the position for which the accommodation is being requested.

Personal Information

Position Applied For:		Date of Application:		
Name				
Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Driver's License No.:	Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>		Date Available to Start:	
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Employment History (please list most recent employment first)

Employer (1)	Job Title	Dates Employed	
Address	City	State	Zip
Work Phone	Supervisor	Reason For Leaving	
Employer (2)	Job Title	Dates Employed	
Address	City	State	Zip
Work Phone	Supervisor	Reason for Leaving	
Employer (3)	Job Title	Dates Employed	
Address	City	State	Zip
Work Phone	Supervisor	Reason for Leaving	

References

Name	Title	Company	Phone

Job Qualifications

Please let us know your qualifications for the position for which you are applying and let us know any additional relevant skills you have:

Education

School Name	Location	Years Attended	Degree Received	Major

Source

How did you hear about this employment opportunity?

Newspaper _____ Streamwood Cable Channel Streamwood.org Web Page

Other (please list) _____

Acknowledgement and Signature

- I certify that information contained in this application is true and complete to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Village's service if I have been employed.
- I give the Village the right to investigate all references and past employment and to secure additional information about me, if job related. I hereby release from liability the Village, its employees and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
- I understand that any employment given to me as a result of my application will require that I undergo a comprehensive background investigation. I agree to cooperate in such investigation. My signature below serves as authorization for the Village or any third party (collectively "Investigator") to contact other appropriate sources as a part of a background investigation on me. The Village, its employees, the Investigator and any person or entity contacted is hereby released and held harmless based on information obtained or provided and any decision made based on such information obtained. A copy of my signature shall be deemed an original for purposes of obtaining information.
- I understand that either as a condition of the Village's pre-employment testing process or as a condition of employment I may be required to submit to a criminal background investigation (excluding expunged juvenile records), complete satisfactorily a physical agility test, physical examination, including testing for drug and/or alcohol use, polygraph testing, psychological testing and credit check. I authorize the release of the results of those tests and exams to the Village. I release the Village, its employees and all third party contractors from any claim arising out of such exams and tests, and waive all rights to damages of any form I may suffer from submitting to such exams and tests.
- I hereby authorize any Municipal, County, State or Federal Criminal Justice Agency to release information concerning the existence or non-existence of any criminal record information. I agree to hold harmless the Village, its employees and those Criminal Justice Agencies and their employees from any action or claim arising out of the release of such information and waive all rights to damages of any form I may suffer from the release of such information.
- I hereby authorize all present and past employers to provide the Village of Streamwood with all information concerning me in their possession collected under the Omnibus Transportation Employee Testing Act of 1991. This shall include, but not be limited to, information on alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, refusals to be tested, subsequent substance abuse professional evaluations and/or determinations and return-to-duty test results. I hereby release the Village of Streamwood and its employees, all present and past employers and their employees, from liability for furnishing such information and I waive all rights to damages of any form I may suffer as a result of furnishing such information or on any decision made based upon such information.
- I understand that, just as I can terminate the employment relationship at any time for any reason, so too, the Village may terminate my employment or change any term or condition of employment at any time and for any or no reason, with or without notice. I understand that no representative of the Village has the authority to make any assurances to the contrary.
- I understand that the Village is an Equal Opportunity Employer, the Village does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- I understand that it is the Village's policy not to refuse to hire a qualified individual with a disability because of that person's need for an accommodation that would be required by the ADA.
- I certify that I have read and understood the foregoing agreement and that no one has made any promise or agreement contrary to it, and agree to be bound by its terms.

Name (Please Type or Print)

Signature

Date