

# VILLAGE OF ROUND LAKE, ILLINOIS EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

**FAILURE TO COMPLETE ALL ITEMS ON THIS APPLICATION WILL RESULT IN YOUR ELIMINATION FROM THE RECRUITMENT PROCESS. BOTH SIDES MUST BE COMPLETED.**

*All statements will be subject to verification.*

POSITION: (Give exact title as listed on the job bulletin)

1. \_\_\_\_\_ 2. Social Security # \_\_\_\_\_

3. Name \_\_\_\_\_  
Last First Middle

4. Mailing Address: \_\_\_\_\_  
Number Street City & State Zip

5. Home phone (\_\_\_\_) \_\_\_\_\_ Business/Msg. Phone (\_\_\_\_) \_\_\_\_\_

6. Please list any other names that you have ever used: \_\_\_\_\_

7. Please indicate any hours and shifts which you are not available to work: **Hours:** \_\_\_\_\_ **Shift:** \_\_\_\_\_

8. Have you previously been employed by the Village of Round Lake?  Yes  No

9. Are you fluent in any language in addition to English? If yes, please specify your skills.

Language \_\_\_\_\_  Understand  Speak  Write  Read

10. Do you possess a valid Illinois driver's license?  Yes  No License #: \_\_\_\_\_ Class: \_\_\_\_\_

11. Title and number of license, certificate or other credential, if required for this position.

Title: \_\_\_\_\_ Number: \_\_\_\_\_ Issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

11. Please check if you possess one of the following: High School Diploma \_\_\_ GED Certificate \_\_\_ IL High School Proficiency Certificate \_\_\_  
 Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post Graduate Work: \_\_\_ Years

Name and Address of College, University, Vocational School or Institute	Major or Course of Study	Date Received Degree / Cert.	Name of Degree / Cert.	Units Completed Sem. / Qtr.

*A copy of your college transcripts, degree, or diploma must be submitted with your application. Failure to provide verification of education with your application may result in your application being disqualified.*

12. In case of emergency notify:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City & State Zip

The Village of Round Lake, Illinois does not unlawfully discriminate on any prohibited basis under state or federal law including prohibitions listed in title VII, the Age and Discrimination and Employment Act, section 504 of the Rehabilitation Act of 1973, the Fair Employment and Housing Act, and the Americans With Disabilities Act. •NOTE: IF YOU BELIEVE YOUR CIVIL RIGHTS IN EMPLOYMENT MATTERS HAVE BEEN VIOLATED AT ANY TIME DURING THE COURSE OF YOUR CONSIDERATION FOR EMPLOYMENT, CONTACT THE EQUAL EMPLOYMENT OPPORTUNITY CHICAGO OFFICE AT 1-800-669-4000.

13. If you feel you have a need for special arrangements due to a disability in order to participate in the recruitment process, call (847) 546-5400, ext. 19 or see the Village Clerk.

**Village Administrator**  
 Village Hall • 442 N. Cedar Lake Road • Round Lake, IL 60073  
 Phone: (847) 546-5400

At time of hire, Village employees must meet the documentation requirements of the Immigration Reform and Control Act of 1986

# EMPLOYMENT HISTORY

1. List your complete employment of the last ten years beginning with your most recent.
2. List all experience, paid or voluntary, related to the position.
3. Use different blocks for different positions with same employer
4. Additional sheets may be attached when necessary

***Resumes will NOT be accepted in place of a completed application.***

DATES EMPLOYED From ____ / ____ To ____ / ____	NAME OF EMPLOYER:	
	ADDRESS:	
	JOB TITLE AND DUTIES:	
Total Years/Months:		
Hours Per Week:		
Salary:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR'S NAME / TITLE:	PHONE:
	REASON FOR LEAVING	
DATES EMPLOYED From ____ / ____ To ____ / ____	NAME OF EMPLOYER:	
	ADDRESS:	
	JOB TITLE AND DUTIES:	
Total Years/Months:		
Hours Per Week:		
Salary:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR'S NAME / TITLE:	PHONE:
	REASON FOR LEAVING	
DATES EMPLOYED From ____ / ____ To ____ / ____	NAME OF EMPLOYER:	
	ADDRESS:	
	JOB TITLE AND DUTIES:	
Total Years/Months:		
Hours Per Week:		
Salary:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR'S NAME / TITLE:	PHONE:
	REASON FOR LEAVING	
DATES EMPLOYED From ____ / ____ To ____ / ____	NAME OF EMPLOYER:	
	ADDRESS:	
	JOB TITLE AND DUTIES:	
Total Years/Months:		
Hours Per Week:		
Salary:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR'S NAME / TITLE:	PHONE:
	REASON FOR LEAVING	

**IMPORTANT NOTICE REGARDING EMPLOYMENT:**

Employment with the Village of Round Lake does not occur until the Appointing Authority and the Village Administrator sign and file a formal document appointing the applicant to a job position following successful completion of all employment procedures, including a medical evaluation. Any information obtained after a conditional offer is made but before the formal document is filed may also constitute grounds for withdrawal of the conditional offer. Until formal appointment is made in this manner, any offers of Village employment are conditional and preliminary and may be withdrawn.

**CERTIFICATE OF APPLICANT (READ CAREFULLY BEFORE SIGNING)**

I hereby release all former employers, their representatives and the individuals listed from any and all liability which may or may not result from information supplied by them to the Village of Round Lake. I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any employment in the service of the Village. I further agree to submit to a complete medical examination and, upon employment, to furnish such proof or identification and legal right to work in the United States as may be required. For certain "sensitive" positions, as defined by the Village of Round Lake policy, the medical evaluation will include testing for drugs and alcohol. I also understand that once hired I may be required to provide proof of my birth date. All statements made in this application may be verified, including checks of police records and former employers.

I understand that this application is not a contract, and it is not an offer of employment. If I am offered employment, I understand that such offer is subject to the Employment Conditions listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS SECTION FOR HUMAN RESOURCES DEPARTMENT USE ONLY		
Veteran Preference Points  <input type="checkbox"/>	Accepted _____  Screened Out _____	Not Accepted _____  <input type="checkbox"/> Experience <input type="checkbox"/> Incomplete App. <input type="checkbox"/> No Supplemental <input type="checkbox"/> Education <input type="checkbox"/> Late Filing <input type="checkbox"/> Other:
Comments _____ _____ _____		