

Village of Lincolnwood

Human Resources Division

6900 North Lincoln Avenue, Lincolnwood, Illinois 60712

Voice Phone (847) 745-4715 Fax Phone (847) 673-9382

www.lincolnwoodil.org

EMPLOYMENT APPLICATION

Form J-100 Issued 10/2000 Revised 7/2006

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy are of the utmost importance. Resumes may only be attached with a fully completed application.

Applicant, Select Department Applying to (if known):

☐ Parks and Recreation ☐ Public Works ☐ Police ☐ Building ☐ Finance ☐ Other

Position Applied For: _____ Date: _____

Do you have prior experience in this field? ☐ Yes ☐ No

Last Name: _____ First: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work/ Phone: _____

Mobile Phone: _____ E-Mail: _____

Please Check Appropriate Response

- 1. Have you ever worked for the Village of Lincolnwood? ☐Yes ☐No
If yes, please give date(s) of employment. _____
2. Are you a U.S. Citizen? ☐Yes ☐No
If no, are you authorized by Immigration and Naturalization to work in the U.S.? ☐Yes ☐No
Alien #A: _____
Admission #: _____
3. Will you work a night shift? ☐Yes ☐No
Will you work weekends? ☐Yes ☐No
4. Have you ever been fired, forced to resign, or resigned in lieu of termination? ☐Yes ☐No
If yes, please explain below:
Employer's Name: _____ Date: _____
Reason: _____
5. Are you related to a Village Employee or is any member of your family employed by the Village of Lincolnwood? ☐Yes ☐No
If yes, please give the person's Name: _____
Relationship: _____
Department: _____
6. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of the law? ☐Yes ☐No
If yes, please give details below:
Date: _____
Agency: _____
Offense/Charge: _____
Outcome: _____
Note: You are not obligated to disclose sealed or expunged records of conviction or arrest. A conviction does not automatically mean you cannot be employed by the Village of Lincolnwood. The nature of the offense, how long ago it occurred, etc. are given consideration. Attach additional sheets as needed.
7. Were you in the U.S. Armed Forces? ☐Yes ☐No
Did you receive an honorable discharge? ☐Yes ☐No
Did you claim veteran's preference? ☐Yes ☐No

8. DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License _____ Driver's License Number: _____ State: _____ Expiration Date: _____ CDL Class (if applicable): _____ Endorsements: _____	Has your license ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your license ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates and explain: _____ _____
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9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS (driving under the influence, driving while intoxicated, etc., should be listed under number 6 on page 1).

Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Outcome: _____ Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Outcome: _____	Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Outcome: _____ Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Outcome: _____
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If you have more than four citations within the last seven years, please attach a separate sheet in the same format

10. EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date obtained: _____ If not, highest grade completed: _____ Date Obtained: _____
Name and location of last High School or GED institution attended: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name City State </div>	

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Received		Did you Graduate?		Major/Minor Degree Field of Program of Study	Type of Degree Received
	Sem.	Qtr.	Yes	No		

INSTRUCTIONS: Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in the spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

(Job 1) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	Telephone Number: _____
						Your Job Title: _____
Hours per Week: _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason for Leaving Position: _____
Last Salary \$ _____ per _____						May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____						
Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL **FROM (mo/yr):** _____ **TO (mo/yr):** _____

(Job 2) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	Telephone Number: _____
						Your Job Title: _____
Hours per Week: _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason for Leaving Position: _____
Last Salary \$ _____ per _____						
Specific Duties: _____						
Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL **FROM (mo/yr):** _____ **TO (mo/yr):** _____

(Job 3) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	Telephone Number: _____
						Your Job Title: _____
Hours per Week: _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason for Leaving Position: _____
Last Salary \$ _____ per _____						
Specific Duties: _____						
Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL **FROM (mo/yr):** _____ **TO (mo/yr):** _____

(Job 4) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	Telephone Number: _____
						Your Job Title: _____
Hours per Week: _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason for Leaving Position: _____
Last Salary \$ _____ per _____						
Specific Duties: _____						
Number of Employees supervised (if applicable): _____						

NOTE: We may contact previous employers to verify employment information.

Village of Lincolnwood

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION SURVEY

TO ALL APPLICANTS: The following information is being gathered by the Village of Lincolnwood for research, affirmative action, and federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so and assure you that this information will not be used to evaluate your application, and will be kept confidential.

JOB/POSITION APPLIED FOR: _____

DATE OF BIRTH (Month/Day/Year): _____

SEX

- Male
- Female

Race/Ethnic Categories (Check One)

- Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Latin culture or origin, regardless of race.
- American Indian or Alaskan native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Other: Includes all persons not covered by a specific category. If this category is checked, indicate specific ethnicity or natural origin:

HOW DID YOU LEARN OF THIS POSITION

- Ad in newspaper _____
- Ad in trade journal _____
- Ad on radio _____
- Completed interest form and received notification
- Job Line
- City bulletin board/walk-in
- Friend/City Employee
- Website _____
- Job Fair _____
- Agency Referral _____
- Chicago Tribune
- Chicago Sun-Times

APPLICATION CHECKLIST

Did You:

- Answer all questions completely?
- Cover a full 10 year employment history, if applicable?
- Explain all gaps in employment?
- Complete application supplement, if applicable?
- Submit copies of documents requested, if applicable?
- Sign and date the application?

Please read this statement carefully before signing below:

The Village of Lincolnwood is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Village of Lincolnwood is true and correct. I understand that any incorrect, incomplete, or false statement on information I have furnished may subject me to disqualification in an examination or, if employed by Lincolnwood, to discharge at any time.

Subsequent to an offer, I give my voluntary consent to be medically examined and to provide sample of urine which may be tested for use of drugs and/or controlled substances.

If applicable for certain job positions, copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment.

All information is subject to investigation and verification.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

SIGN YOUR NAME HERE	DATE
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NOTES:

- Applicants must provide copies of documents required with application, when applicable.
- If you require special testing accommodations due to a disability, please notify staff **BEFORE** the test date.