



APPLICATION FOR EMPLOYMENT

Please return to:
 Village of Sugar Grove
 10 S. Municipal Drive
 Sugar Grove, Illinois 60554
 Fax: (630) 391-7210

INSTRUCTIONS FOR COMPLETING THIS EMPLOYMENT APPLICATION

We welcome you as an applicant for employment for the Village of Sugar Grove. It is the policy and intent of the Village of Sugar Grove to provide equal opportunity in employment to all persons. This policy applies to all types of full-time, part-time, temporary, and seasonal employment. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment with the Village of Sugar Grove.

Please complete all the information as requested in this application. Unless requested, do not submit a resume in place of completing any part of this application, although you are welcome to if you desire. Applicants are not obligated to disclose expunged juvenile record of adjudication or arrest. If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact the Human Resources Department at (630) 391-7203.

Please identify the specific positions(s) from our open job listings for which you are applying.

1.	2.
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date Available:
<input type="checkbox"/> Temporary <input type="checkbox"/> Summer	Minimum Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Annual

GENERAL INFORMATION

Last Name:		First Name:		Middle Initial:
Home Phone:		Work Phone:		Email:
Present Permanent Address:			City:	
State:	Zip Code:	County:	How long lived there?	
Driver's License Number:		State:	Class:	Expiration Date:
Is this license currently valid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to any employee or elected official of the Village of Sugar Grove? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, state their name and relationship to you:				
Have you ever been previously employed by the Village of Sugar Grove? <input type="checkbox"/> Yes <input type="checkbox"/> No				
When?		In what position?		
Were you referred by a Village of Sugar Grove employee? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please name the employee:				
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you over 70 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL INFORMATION

Type of School	Name and Mailing Address of School	Major	Year Completed	Degree Earned	
				Yes	No
High School				<input type="checkbox"/>	<input type="checkbox"/>
College/University				<input type="checkbox"/>	<input type="checkbox"/>
Graduate				<input type="checkbox"/>	<input type="checkbox"/>
Technical / Business or Trade School				<input type="checkbox"/>	<input type="checkbox"/>
Other				<input type="checkbox"/>	<input type="checkbox"/>

If you are not a high school graduate, have you passed the GED test? Yes No

List any correspondence courses, special courses, seminars, workshops, etc., that might relate to this position:

List any licenses or certificates relating to this position:

List any other skills/experience that relate to this position (Typing, Software Skills, Heavy Machinery,):

List professional, trade, business or civic activities or associations to which you belong. (Please exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.):

EMPLOYMENT HISTORY

Please begin with your present or most recent employer and provide all the information requested.

May the Village of Sugar Grove contact your current employer? Yes No

Employer:	Phone Number:
Address:	City: State: Zip:
Dates of Employment:	Reason for Leaving:
Title:	Supervisor's Name:

Duties:

Employer:	Phone Number:
Address:	City: State: Zip:
Dates of Employment:	Reason for Leaving:
Title:	Supervisor's Name:

Duties:

Employer:	Phone Number:
Address:	City: State: Zip:
Dates of Employment:	Reason for Leaving:
Title:	Supervisor's Name:

Duties:

Employer:	Phone Number:
Address:	City: State: Zip:
Dates of Employment:	Reason for Leaving:
Title:	Supervisor's Name:

Duties:

Employer:	Phone Number:
Address:	City: State: Zip:
Dates of Employment:	Reason for Leaving:
Title:	Supervisor's Name:

Duties:

PROFESSIONAL REFERENCES:

Please list three references that are familiar with your work history and experience. Do not list relatives, friends or personal references.

Name:	Company:
Business Relationship	Years Known:
Phone Number:	

Name:	Company:
Business Relationship	Years Known:
Phone Number:	

Name:	Company:
Business Relationship	Years Known:
Phone Number:	

APPLICANT AGREEMENT: RELEASE AND CERTIFICATION

Please read before signing. Questions regarding this statement should be directed to any employment interviewer prior to signing.

I hereby certify that all answers to the questions herein are true, accurate and complete to the best of my knowledge. I agree and understand that any false statements, misrepresentations or omissions of fact contained in this application (or any other accompanying or required documents) may cause the rejection of this application or termination of employment without notice or benefits, regardless of how or when discovered. I understand that all candidates hired are subject to satisfactory completion of a probationary period and a post-offer, pre-employment physical exam and drug screen. I authorize the investigation of all statements and information contained in this application. I release the Village of Sugar Grove from any and all liability that might result from conducting a background investigation. I also release from liability anyone supplying information pursuant to such investigation. I understand that this application is not, nor is it intended to be, a contract of employment. If hired, I agree to abide by all applicable Village of Sugar Grove rules and regulations. I acknowledge that I have read the above statements and hereby grant permission to verify the information supplied on this application for employment and employment related documents I have provided.

PRINTED NAME:

SIGNATURE:

DATE: