



Village of Hawthorn Woods

Employment Application

Personal Information										
Full Name:					Date:					
<i>Last</i>			<i>First</i>			<i>M.I.</i>				
Address:										
<i>Street Address</i>					<i>Apartment/Unit #</i>					
<i>City</i>					<i>State</i>		<i>ZIP Code</i>			
Phone: ()		E-mail Address:								
Date Available:		Desired Salary:			\$					
Position Applied for: _____										
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this Village ?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been arrested or charged with a criminal offense?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain: _____										
Have you ever been convicted of a criminal, traffic and or civil offense?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain: _____										
Have you ever been dismissed from any position?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain: _____										
Have you ever been forced to resign from any position?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain: _____										
Education (Please attach diploma)										
High School:			Address:							
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
College:			Address:							
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
Other:			Address:							
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
Other:			Address:							
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
Professional Certifications (Please attach certificate or license)										
Certification:					Date Awarded:					
Issued By: _____										

References

Please list three professional references.

Full Name:		Relationship:	
Company:		Phone:	()
Address:			
Full Name:		Relationship:	
Company:		Phone:	()
Address:			
Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Previous Employment

Company:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
		Reason for Leaving:	
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
		Reason for Leaving:	
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
		Reason for Leaving:	

Military Service

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

Disclaimer and Signature

I, the undersigned, certify that I have read and fully comprehend this form in its entirety and that the information herein provided is true, complete to the best of my knowledge. I understand that should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or discharge from Village service. In submitting this application, I further understand that it becomes the property of the Village of Hawthorn Woods and will not be returned. I also understand that I must meet all the requirements of the position, including the successful completion of a verbal/written examination, medical examination (including a drug screening) and a confidential background investigation.

Signature:

Date: