



# VILLAGE OF EAST DUNDEE

120 Barrington Avenue, East Dundee, Illinois 60118 847-426-2822 fax: 847-426-9621

## Application For Employment

1. You must fully and accurately complete this Application for Employment form.
2. This Application for Employment will become inactive after ninety (90) days. If you wish to be considered for employment after that time, you must complete a new Application form.
3. Please attach resume.
4. Please note that incomplete applications will not be considered.

Position Applied For		Date of Application		
Last Name	First Name	Middle Name		
Address Number	Street	City	State	Zip Code
Telephone Number	Drivers License			

A. Best Time to contact you at home is:

\_\_\_\_\_ AM \_\_\_ PM \_\_\_

B. If you are under 18 years of age, can you provide required proof of you eligibility to work?

Yes \_\_\_ No \_\_\_

C. Have you ever filed an application with the Village of East Dundee before?

Yes \_\_\_ No \_\_\_

If yes, give date: \_\_\_\_\_

D. Do any of your friends or relatives, other than spouse, work here?

Yes \_\_\_ No \_\_\_

If yes, state name, relationship and location:

\_\_\_\_\_

E. Are you currently employed?

Yes \_\_\_ No \_\_\_

F. May we contact your present employer?

Yes \_\_\_ No \_\_\_



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G. Date available to being work: \_\_\_\_\_

H. What is your desired salary range? \_\_\_\_\_

I. Are you available to work:

Full-Time

Part-Time

Temporary

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

## WORK EXPERIENCE

Employer:	Date Started:	Employed to:
Address of Employer:		
Telephone Number:	Date Started:	Employed to:
Position Title:		
Work Preformed:		
Supervisor Name and Title:		
Reason for Leaving:	May We Contact: Yes ___ No ___	



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Employer:	Date Started:	Employed to:
Address of Employer:		
Telephone Number:	Date Started:	Employed to:
Position Title:		
Work Performed:		
Supervisor Name and Title:		
Reason for Leaving:	May We Contact: Yes ___ No___	

Employer:	Date Started:	Employed to:
Address of Employer:		
Telephone Number:	Date Started:	Employed to:
Position Title:		
Work Performed:		
Supervisor Name and Title:		
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## **ADDITIONAL INFORMATION:**

Describe Any Specialized Training, Apprenticeship, and Skills:

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experiences.

Why are you interested in working for the Village of East Dundee?

What areas of the job description do you have experience with?

What do you feel are your strengths for this position?



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What do you feel you will need to learn for this position?

How do you handle multiple tasks and short deadlines?

When do you feel stress in your work and how do you handle it?

Would you be agreeable to further governmental education, such as seminars and classes in you job area?

References: Please give the names of three persons not related to you.

Name	Address	Business/Title	Telephone
1.			
2.			
3.			

Note to Applicants: Do not answer this question unless you have been informant about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in such a job occupation for which you have applied? A review of the activities involved in such a job has been given to you.

Yes \_\_\_ No \_\_\_



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## **Applicant's Statement**

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at anytime.

In consideration of my employment, I agree to conform to the Village's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Village's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Village. I understand that no Village representative, other than the Village President and then only in writing and signed by the Village President and approved by the Board of Trustees, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

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Signature

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Date

I understand and agree that the Village of East Dundee or its authorized representative may verify all information furnished in this application. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment information to the Village of East Dundee. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Village all information relative to such verification and hereby release such individuals, organizations, and the Village of East Dundee from any and all liability for any claim or damage resulting therefrom.

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Signature

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Date