



# VILLAGE OF BROOKFIELD

## APPLICATION FOR EMPLOYMENT

**Return Completed Form To:**

**Village of Brookfield – ATTN: Human Resources – 8820 Brookfield Avenue, Brookfield, IL 60513**

### INSTRUCTIONS FOR COMPLETING THIS EMPLOYMENT APPLICATION

We welcome you as an applicant for employment for the Village of Brookfield. It is the policy and intent of the Village of Brookfield 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 Brookfield.

Please furnish us with complete information as requested in this application. Do not submit a resume in place of completing any part of this application. If you are an individual with a disability and require assistance or accommodation in filing out this application, please contact the Human Resources Office at (708) 485-1360.

The Village of Brookfield is an Equal Opportunity Employer.

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

1. \_\_\_\_\_ 2. \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Date Available \_\_\_\_\_

Temporary \_\_\_\_\_ Summer \_\_\_\_\_ Minimum Salary \_\_\_\_\_ per \_\_\_\_\_

### GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ How long lived there? \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Is this license currently valid? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a valid CDL? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you related to any employee of the Village of Brookfield or an elected official? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state their name and relationship to you: \_\_\_\_\_

Have you ever been previously employed by the Village of Brookfield? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_ In what position? \_\_\_\_\_

Were you referred by a Village of Brookfield employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name the employee. \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Type of School	Name & Mailing Address of School	Major	Circle Last Year Completed	Degree Earned (If yes, indicate degree.)
High School			9 10 11 12	
College/University			1 2 3 4	
College/University			1 2 3 4	
Graduate			1 2 3 4	
Technical/Business/ Trade School			1 2 3 4	
Other			1 2 3 4	

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.

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List any licenses or certificates relating to this position.

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

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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.)

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**EMPLOYMENT HISTORY**

Please begin with your present or most recent employer and provide all the information requested. Please do not write, "see resume."

May the Village of Brookfield contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

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

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Business Relationship:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Business Relationship:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Business Relationship:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**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 Brookfield 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 Brookfield 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.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## Equal Employment Opportunity Information Form

This information is being requested to assist our efforts in regard to equal employment opportunity. The information is **voluntary** and will not be used when considering you for employment. This form is a separate page and should be submitted separately to the Human Resources office. It will be processed separately and used for statistical purposes only. It will not be used in hiring, interviewing, or any other employment decision. Refusing to provide this information will not subject you to adverse treatment. Thank you for your cooperation.

Position Applied for: \_\_\_\_\_

Age: \_\_\_\_\_

### Racial or Ethnic Group

<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other

### Gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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### How did you hear about this position?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Company Employee	<input type="checkbox"/> Professional Publication
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Placement Office	<input type="checkbox"/> Web Site
<input type="checkbox"/> Other		