

# **Town of Hinsdale Application for Employment**

| Position(s) applied for               |                                     | Date of application                   |  |  |
|---------------------------------------|-------------------------------------|---------------------------------------|--|--|
| Name                                  |                                     | Social Security #                     |  |  |
| Address                               |                                     |                                       |  |  |
|                                       |                                     | Email                                 |  |  |
| Referral Source (How did you heat     | ar about us)                        |                                       |  |  |
| Have you ever been employed here      | before? $\Box$ Yes $\Box$ No        |                                       |  |  |
| If yes, give dates and positions      |                                     |                                       |  |  |
| Are you legally eligible for employ   | ment in this country? $\Box$ Yes    | □ No                                  |  |  |
| Date available to work                |                                     | What is your desired salary range? \$ |  |  |
| Type of employment desired            | □ Full-Time □ Part-Time             | □ Temporary □ Seasonal                |  |  |
| Driver's license number               | State_                              |                                       |  |  |
| Have you ever plead "guilty" or "no   | o contest" to, or been convicted of | a crime? 🗆 Yes 🗆 No                   |  |  |
| If yes, please provide date(s) and de | etails                              |                                       |  |  |
|                                       |                                     |                                       |  |  |
| <b>Employment History</b>             |                                     |                                       |  |  |
| 1) Employer                           |                                     | Telephone #                           |  |  |

| Address                              |                               |                   |             |
|--------------------------------------|-------------------------------|-------------------|-------------|
|                                      | Immediate Supervisory         |                   |             |
| Dates Employed                       | Compensation \$               | □ Hourly □ Salary |             |
| Why did you leave?                   |                               |                   |             |
|                                      | med and job responsibilities. |                   |             |
| What did you like the most about     | your position?                |                   |             |
| What did you like the least about yo | our position?                 |                   |             |
|                                      | ****                          |                   |             |
| 2) Employer                          |                               | Telephone #       |             |
| Address                              |                               |                   |             |
| Position                             | Immediate                     |                   | Supervisory |
|                                      | Dates Employed                | Compensation      | \$          |
|                                      | □Hourly □Salary               |                   |             |
| Summarize the type of work perfor    | med and job responsibilities. |                   |             |
| What did you like the most about     | your position?                |                   |             |
| What did you like the least about yo | our position?                 |                   |             |

| 3) Employer                                      |                   | Telephone #  |             |
|--|-------------------|--------------|-------------|
| Address  |                   |              |             |
| Position   | Immediate         |              | Supervisory |
|  | Dates Employed    | Compensation | \$          |
|  | 🔄 Hourly 🗆 Salary |              |             |
| Why did you leave?                               |                   |              |             |
| Summarize the type of work performed and job res | ponsibilities.    |              |             |
| What did you like the most about your position?  | )                 |              |             |
| What did you like the least about your position? |                   |              |             |

### **Skills & Qualifications**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

| Computer Skills (Check appropriate boxes. Include software titles & years of experience). |       |            |       |  |
|---|-------|------------|-------|--|
| Word Processing   | Years | □ Email    | Years |  |
| Spreadsheet   | Years | □ Internet | Years |  |
| Presentation  | Years | _ Other    | Years |  |

### **Educational Background**

Starting with the most recent school attended, provide the following information.

| School (include City & State) | Year Completed | Completed | GPA | Major/Minor |
|-------------------------------|----------------|-----------|-----|-------------|
|                               |                |           |     |             |
|                               |                |           |     |             |
|                               |                |           |     |             |
|                               |                |           |     |             |
|                               |                |           |     |             |
|                               |                |           |     |             |

### References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

| Name | Title | Relationship | Telephone | # of Years |
|------|-------|--------------|-----------|------------|
|      |       |              |           |            |
|      |       |              |           |            |
|      |       |              |           |            |

## **Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me form further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever discovered.

#### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date