



FLOSSMOOR

Welcoming. Beautiful. Connected.

Village of Flossmoor Application for Employment

Flossmoor Village Hall
2800 Flossmoor Road
Flossmoor, IL 60422
708.798.2300
www.flossmoor.org

The Village of Flossmoor is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____

Are you applying for? Full-time Part-time Temporary

Date you will be available to start work: _____

Please answer the questions below by checking Yes or No.	Yes	No
Are you able to meet the attendance requirements?		
Do you have any objection to working overtime if necessary?		
Have you ever previously been employed by our organization?		
Can you submit proof of legal employment authorization and identity?		
Are you over the age of 18?		
Do you have a valid driver's license?		

How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent. At the time of reference checks, may we contact your current employer? _____ YES _____ NO

Employer Name: _____

Position Held:	
Employer Address:	
Telephone Number:	
Immediate Supervisor and Title:	
Dates Employed:	From: Until:
Summary of Responsibilities:	
Reason for Leaving:	

Employer Name: _____

Position Held:	
Employer Address:	
Telephone Number:	
Immediate Supervisor and Title:	
Dates Employed:	From: Until:
Summary of Responsibilities:	
Reason for Leaving:	

Employment History, continued

Employer Name: _____

Position Held:	
Employer Address:	
Telephone Number:	
Immediate Supervisor and Title:	
Dates Employed:	From: Until:
Summary of Responsibilities:	
Reason for Leaving:	

Employer Name: _____

Position Held:	
Employer Address:	
Telephone Number:	
Immediate Supervisor and Title:	
Dates Employed:	From: Until:
Summary of Responsibilities:	
Reason for Leaving:	

Other Skills and Qualifications (Or Attach Resume in Lieu of this Section)

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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Educational History

Fill out the following information regarding your education history.

High School

High School Name:	
Location:	
Completed Diploma? (Yes/No)	

Technical School/College/Graduate School

Institution Name:	
Location:	
Completed Degree (Yes/No)	
Type of Degree (Examples: Associate, Bachelor, Master, PhD)	
Course of Study	

Additional Technical/College/Graduate School

Institution Name:	
Location:	
Completed Degree (Yes/No)	
Type of Degree (Examples: Associate, Bachelor, Master, PhD)	
Course of Study	

References

List three references. (Do not include relatives)

Reference #1

Name	
Phone Number	
Years Known	

Reference #2

Name	
Phone Number	
Years Known	

Reference #3

Name	
Phone Number	
Years Known	

Please read and sign below.

I hereby authorize the Village of Flossmoor as a potential employer to contact, obtain, and verify the accuracy of information contained in this application (or on supplemental resume, if provided) from all previous employers, educational institutions, and references.

I also authorize any prior employer, reference, school licensing or certifying entity, or other individual or entity that I have listed in this Application to provide any other information to the Village and I waive any right I may have to be notified by any individuals or organizations prior to the release of any information to the Village, including the release of information concerning any disciplinary action taken against me by former employers. I specifically consent to the disclosure of information which may be covered by a settlement agreement or other "confidentiality" provision entered into with my former employers, and I waive my rights to enforce any such prior confidentiality agreement against my former employer with regard to this disclosure. I agree to waive any claim or action in law or equity and release from any claim of liability by me whatsoever, against the Village of Flossmoor, its officers, agents and employees and any of the persons or entities listed by me on this application and their officers, agents and employees arising from the investigation, verification, providing or use of information authorized or requested pursuant to my application for employment with the Village.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. The Village of Flossmoor requires candidates to submit to a post-offer background check and pre-employment drug testing and a physical exam. I hereby consent to such tests as may be required to make a decision on my employment. I also give permission for any examination and test results or medical evaluations to be released to the Village, and to Departments with a need to know the information, by the health care providers or other entities who possess such results, including the Board of Fire and Police Commissioners.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____

Date: _____

See job posting for any additional requirements and for instructions for submission of applications.