



VILLAGE OF LANSING, IL
 DEPARTMENT OF HUMAN RESOURCES
 3141 RIDGE ROAD
 LANSING, IL 60438
 Tel: (708) 895-7176
 Fax: (708) 895-6878

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|--|-----|--------------------|--------------------|---|----------------|--|--|
| POSITION FOR WHICH YOU ARE APPLYING: | | | | | | For Employees Only: Transfer Reemploy | |
| Check all that you may be interested in: Full-Time Part-time Job-Share: | | | | | | | |
| Last Name | | | | First Name | | Middle Initial | |
| Mailing Address | | | | City | | County | |
| State | Zip | Cell Telephone No. | Home Telephone No. | Business Phone No. | E-Mail Address | | |
| Valid Driver's License | | State | Expiration Date | Operators (Private vehicle) CDL (copy needed of license & medical card) | | License Class _____ Endorsement _____ | |
| Yes No | | | | | | | |
| Are you claiming Veteran's Preference? (Attach a copy of DD214 and/or service connected disability) | | | | | | Yes No | |
| Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense Name & Location of Court Date of Conviction</i> | | | | | | (Inaccurate information here will result in disqualification.) Yes No | |
| Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i> | | | | | | Yes No | |
| Have you ever been employed by the Village of Lansing? If yes, please give: <i>Department/Division</i> | | | | | | Yes No | |
| Are you a former employee of the Village of Lansing? If yes please give: <i>Last Date(s) of Employment Department / Division</i> | | | | | | Yes No | |
| Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer Date and Reason</i> | | | | | | Yes No | |
| Do you have any relatives working for the Village of Lansing? If yes, please complete the following: (Continue listing relatives on a separate page if necessary) <i>Name Relationship Department</i> | | | | | | Yes No | |
| If hired, are you authorized to work in the United States? For non-citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment. | | | | | | Yes No | |
| Do you now hold or are you a candidate for an elective public office? | | | | | | Yes No | |
| References | | | | | | For Office Use Only: Date and Time Received | |
| Name | | | Telephone Number | | | | |
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| | | | | | | Accepted by: [] | |

EDUCATION AND TRAINING

HIGH SCHOOL EDUCATION

| | | |
|---|--|---|
| Highest Grade Completed (choose one) 1 2 3 4 5 6 7 8 9 10 11 12 | Did you graduate from High School or obtain a GED? <p style="text-align: center;">YES NO</p> | Name and Location of Last School Attended Name: _____ Location: _____ |
|---|--|---|

RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)

| Names and Locations of School | Dates Attended (Mo & Yr) | | Courses/Subjects Completed | Credit Hours | Diplomas/Certificates Received |
|-------------------------------|--------------------------|----|----------------------------|--------------|--------------------------------|
| | From | To | | | |
| | | | | | |
| | | | | | |
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COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

*****Must be from a recognized accredited school - Bring original transcript with initial application*****

| Names and Locations of School(s) | Dates Attended (Mo & Yr) | | Credit Hours | | Type of Degree Earned (e.g.BA/BS) | Major | Minor | | | |
|--|--------------------------|----|---------------------|---------------|---|-------|---------------------|----------|----|---------|
| | From | To | Semester | OR Quarter | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Major Undergraduate College Subjects | | | Credit Hours | | Major Graduate College Subjects | | Credit Hours | | | |
| | | | Semester | OR | Quarter | | | Semester | OR | Quarter |
| | | | | | | | | | | |
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RELATED LICENSES (provide current original)

| Professional License Issued By | Field/Trade Specialization | License Number | Issue Date | Expiration Date |
|--------------------------------|----------------------------|----------------|------------|-----------------|
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SKILLS

| | | | | |
|---|------|-------|------------|----------------|
| Access | Word | Excel | PowerPoint | Typing ___ wpm |
| Languages spoken and written FLUENTLY _____ | | | | |
| Other Software _____ | | | | |
| Also include specific software experience in your job descriptions. | | | | |

EMPLOYMENT HISTORY

May we contact your present employer? YES NO

| | | | |
|----------|------------------------------------|----------------------------------|--|
| 1 | Starting Date month/ day / year | Ending Date month/ day / year | Employer/Company Name and address (City and state are required) |
|----------|------------------------------------|----------------------------------|--|

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|--|----------------|--------------------------------------|------------------|
| Paid Work Volunteer | Hours per week | Name & Title of Immediate Supervisor | Telephone Number |
|--|----------------|--------------------------------------|------------------|

Reason for Leaving

| | |
|------------------------|--|
| Title of Position Held | Number & Job Title of Employees you supervised |
|------------------------|--|

Describe job responsibilities in order of importance:

| | | | |
|----------|------------------------------------|----------------------------------|--|
| 2 | Starting Date month/ day / year | Ending Date month/ day / year | Employer/Company Name and address (City and state are required) |
|----------|------------------------------------|----------------------------------|--|

| | | | |
|--|----------------|--------------------------------------|------------------|
| Paid Work Volunteer | Hours per week | Name & Title of Immediate Supervisor | Telephone Number |
|--|----------------|--------------------------------------|------------------|

Reason for Leaving

| | |
|------------------------|--|
| Title of Position Held | Number & Job Title of Employees you supervised |
|------------------------|--|

Describe job responsibilities in order of importance:

| | | | | |
|---|------------------------------------|----------------------------------|--|--------------------------------------|
| 3 | Starting Date month/ day / year | Ending Date month/ day / year | Employer/Company Name and address (City and state are required) | |
| | Paid Work | Volunteer | Hours per week | Name & Title of Immediate Supervisor |
| Reason for Leaving | | | | |
| Title of Position Held | | | Number & Job Title of Employees you supervised | |
| Describe job responsibilities in order of importance: | | | | |

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give the Village of Lansing the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to the Village of Lansing by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with the Village of Lansing and does not obligate the Village of Lansing to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.** Candidates selected for hire must pass a physical and drug screen prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. The Village of Lansing is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of the Village of Lansing records and will not be returned, reused or copied for me once submitted. I am also aware that my application is subject to the Illinois open records law and may be released as a public document.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature

Date

(Unsigned applications will not be considered)