

VILLAGE OF TINLEY PARK

Incorporated June 28, 1892 16250 S. Oak Park Avenue – Tinley Park, IL 60477 (708) 444-5000, www.tinleypark.org The Village of Tinley Park is an equal opportunity employer as stated by the Civil Rights Acts of 1964, by Executive Order Numbers 11246 and 11701, and Section 503 of the Vocational Rehabilitation Act of 1973.

APPLICATION FOR EMPLOYMENT

Please complete this application in its entirety. Incomplete applications will not be accepted. In addition to your completed application, you may attach a resume reflecting your work history. A copy of your high school diploma/GED certificate and/or college transcripts may be required if selected for an interview. Your qualifications for this position will be evaluated strictly against the information you provide on this application and any supplemental questionnaire that may be required. **Please advise Human Resources if you change your address and phone number.** Please be advised that the most qualified applicants will be referred to the hiring department for further consideration.

SECTION 1. PERSONAL INFORMATION

SECTION 1: PERSONAL INFORMATION								
DATE	POSITION FOR WHICH YOU ARE APPLYING			IG	ARE YOU AT LEAST 18 YEARS OF AGE?			
						☐ YES	□ №	
APPLICANT'S NAME (Last N	ame, First Na	me, Midd	le Name or Initial)	ARE	YOU LE	GALLY ELIGIBL	E TO WOR	K IN THE US?
						☐ YES	□ №	
PRESENT ADDRESS - Number	r/Street/Apar	tment #	City		County State			Zip Code
HOME PHONE NUM	BER		CELL PHONE NUM	/IBER		PERSONA	L EMAIL A	DDRESS
TYPE OF EMPLOYMENT YOU ARE SEEKING BEST TIME TO CONTACT YOU						YOU		
FULL-TIME PA	ART-TIME	TEN	/IPORARY/SEASON	AL		MORNING EVENING		
SALARY/HOURLY RATE DES	TE AVAIL	ABLE TO BEGIN W	ORK	HOW	W DID YOU HEAR ABOUT POSITION?			
HAVE YOU EVER BEEN EMPI	LOYED BY TH	IE VILLA	GE OF TINLEY PARI	IF SO</td <td>, PLEASE</td> <td>LIST POSITION</td> <td>I(S) AND D</td> <td>ATES.</td>	, PLEASE	LIST POSITION	I(S) AND D	ATES.
DO YOU HAVE FAMILY MEMBERS/ RELATIVES THAT CURRENTLY WORK FOR THE VILLAGE OF TINLEY PARK? IF SO, PLEASE LIST NAMES /RELATION TO YOU.								
SECTION 2: EDUCATION, TRAINING, AND EXPERIENCE								
LEVEL/TYPE OF	SCHOOL	NAME A	ND LOCATION	DID	YOU	DEGREI	, MAJOR, A	AND/OR
SCHOOLING		(CITY, S	ΓATE)	GRAD	DUATE?	COI	NCENTRAT	ION
High School/GFD			I	V	NI 🗆			

Do you have any other experience, certificates, licenses, training, qualifications, or skills you believe to be relevant to the position for which you are applying? If so, please explain:

Ν

Y N

Y N

Please list any professional, trade, business or civic activities, memberships, or offices held which you believe are relevant to the position for which you are applying (you may exclude those which indicate race, color, religion, sex, national origin, age, disability, or other protected status):

College/University

Post-Graduate School

Vocational/Technical School

Please list any equipment or machinery relevant to the position for which you are applying that you are capable of operating:

SECTION 3: EMPLOYMENT HISTORY

Please list present and past employment, starting with your most current employer. Use additional sheets if necessary.

COMPANY NAME			TYPE OF BUSINESS			PHONE NUMBER	
ADDRESS -	Number	Street	Suite	City		State	Zip Code
	POSITION(S)	HELD		ТҮРІ	E OF EMPL	OYMENT	
				Full-Time Pa	art-Time		rary/Seasonal
		BRIEF D	ESCRIPTI	ON OF JOB DUTIES			
	DATES EM	PLOYED					
SUPE	RVISOR'S NAME	SU	PERVISO	R'S POSITION		PHONE N	UMBER
		MAY	WE CONT	ACT EMPLOYER?			
YES	NO – IF NO, PLE	ASE EXPLAIN:					
		PLEASE EXF	LAIN REA	ASON(S) FOR LEAVING	j		
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	DATES EMPLOYED						
SUPE	RVISOR'S NAME	SU	SUPERVISOR'S POSITION			PHONE NUMBER	
		MAY	WE CONT	ACT EMPLOYER?			
YES NO - IF NO, PLEASE EXPLAIN:							
PLEASE EXPLAIN REASON(S) FOR LEAVING							

COMPANY NAME			TYPE OF BUSINESS			PHO	NE NUMBER
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YES	NO - IF NO, PLE		WE CONTACT E	VII LOTEK:			
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0012							<u> </u>
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MAY WE CONTACT EMPLOYER? YES NO - IF NO, PLEASE EXPLAIN:							
PLEASE EXPLAIN REASON(S) FOR LEAVING							

SECTION 4: REFERENCES

Please provide three (3) professional references whom you have known for at least one (1) year.

NAME	COMPANY/TITLE	PHONE NUMBER	EMAIL ADDRESS

SECTION 5: ADDITIONAL INFORMATION

SECTION S. ADDITIONAL INFORMA	TION	
	n is accepted, and an offer is extended, emplo empletion of a criminal background check as	-
Have you served or are you currently se	rving in the United States Armed Forces? YES	□ NO
If yes, which branch?	Number of years served in US Armed Forces:	
Rank upon entrance:	Rank at discharge:	
Were you <u>dis</u> honorably discharged?	<u> </u>	

SECTION 6: CERTIFICATION

I hereby certify that the information given in this application is correct and true to the best of my knowledge. I authorize the Village of Tinley Park to contact any of my schools, current or former employers, armed services, and physicians having medical records pertaining to me, and authorize these entities to furnish all information requested in connection with this employment application. I understand any misrepresentation of the information furnished by me shall be sufficient cause for non-appointment and/or dismissal.

I consent to undergo the required criminal background check, polygraph and/or psychological evaluation, and/or medical examination that may be a condition of my initial employment. I give permission for any/all pre-employment test results to be released to the Village of Tinley Park.

I understand that my classification as a regular employee depends upon successfully completing the probationary period.

I also understand that by typing my name in the space below, it will serve as my electronic signature on this Employment Application. Furthermore, I agree that my electronic signature shall have the same legal effect as my handwritten signature.

Appl	licant Signature:	Date

The Village of Tinley Park is an equal opportunity employer in all aspects of personnel policies, programs, benefits, practices, and operations. All applicants will receive equal consideration regardless of their race, color, religion, sex, sexual orientation, national origin, age, disability, veteran status, or other category protected by law. If you are an individual with a disability and require assistance or accommodation related to the application process, please contact the Human Resources Department.



VOLUNTARY APPLICANT EEO DATA SHEET

POSITION APPLIED FO	R:	DATE:	
to complete this personal		ll be used solely for statistical r	
	<u> </u>	, , ,	,
, Last Name	, First Name	Middle N	ame
Street Address	, City	State	Zip code
Date of Birth		Male] Female
North Africa, or the Mi	eanic origin) : All persons h		he original peoples of Europe, ne Black racial groups of
	ns of Mexican, Puerto Rica in, regardless of race.	ลท, Cuban, Central or Soเ	uth American, or other
Southeast Asia, the Inc		Pacific Islands. This area	ginal peoples of the Far East, includes, for example, China,
	o r Alaskan Native : All per no maintain cultural identi	8 8	ny of the original peoples of filiation or community
Two or more Race		whose race/ethnicity co	rresponds to two or more of