ATTENTION APPLICANTS – PLEASE READ CAREFULLY VILLAGE OF ADDISON, ILLINOIS - HUMAN RESOURCES DEPARTMENT <u>APPLICANT INFORMATION SHEET</u>

A. INDIVIDUALS APPLYING FOR EMPLOYMENT WHEN THERE IS NO CURRENT OPENING

Please submit your application to Human Resources. Should a position open that matches your search, you may be contacted about any tests that may be required as well as the date, location and time of the test by Human Resources. Please be advised that applications will be placed in our active file for one (1) year from submission; after that date, all applications will be discarded.

For more information about the testing process please read further.

B. INDIVIDUALS APPLYING FOR CURRENT JOB OPENINGS

The position for which you are applying may require a test be taken by all applicants. If so, applicants may be notified by the Human Resources Office of the date, time and location of the test. Failure to appear for the test will immediately disqualify the applicant from employment. Please contact Human Resources at 630-693-7504 at least 48 hours before the test should anyone need any special accommodations.

After the test is taken, it will take two (2) to three (3) weeks for Human Resources to process it. Pass / Fail determinations are based on a particular score as determined by factors such as, but not limited to: the nature of the test, the position being tested for, and Human Resources' determination. Applicants that fail the test will be notified within several days via mail by the Human Resources office that they have failed the test and are no longer eligible for the position. PLEASE BE ADVISED THAT HUMAN RESOURCES WILL NOT GIVE OUT TEST SCORES TO ANY APPLICANTS.

If you pass the exam (when one is given) for the particular position for which you are applying, your name will be placed on the eligible-for-hire list. Once this list is established, Human Resources may contact applicants for interviews. Please be advised that the Village may interview / hire anyone who is on this list, regardless of their passing score on the test. If you successfully pass the interview process, you may be required to submit to a psychological exam. All applicants will be required to successfully pass a background investigation and physical / drug screen before being considered for hire. The hiring process is anticipated to take approximately three (3) months.

Unless otherwise indicated, if you pass any exam given for the position you are applying for, but are not selected for any current vacancies, your application will be placed in a closed file. In the event you fail to successfully complete the selection process, you are still eligible to re-apply again the next time the Village initiates a recruitment process.

Thank you your interest in employment with the Village of Addison and good luck.

Sincerely,

Donald C. Pinson Director of Human Resources/Risk Management Village of Addison

APPLICATIONFORMCOVER



Application for Employment

1 Friendship Plaza, Addison, Illinois 60101 · Phone: (630) 543-4100 Fax: (630) 543-5593

AN EQUAL OPPORTUNITY EMPLOYER PLEASE RETURN TO THE HUMAN RESOURCES OFFICE IF YOU HAVE A RESUME, PLEASE ATTACH IT

DIRECTIONS: We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are applying. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Village of Addison. Please furnish us with complete information as outlined in this application. Please type or hand print an answer to every question in ink. If a question does not apply to you, so state with "N/A". You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying. If the space available is insufficient, attach a separate sheet of paper and precede each answer with the number of the referenced question.

Position applied for			Date of application			
Minimum salary re	quired \$		_Per	Date availa	ble	
Check one:	FULL TIME					
PERSONAL INFO	ORMATION	<u>l:</u>				
Name			So	ocial Security No		
last	first	middle				
For purposes of c	hecking app	licant's employ	ment records,	indicate any chang	ges in name, as	sumed name
or nicknames used	l:					
Present address _						
	NUMBER	STREET	INCLUDE RFD,	PO BOX, OR APT NO.	CITY STATE	ZIP
Previous address _						
	NUMBER	STREET	INCLUDE RFD,	PO BOX, OR APT NO.	CITY STATE	ZIP
Home telephone _			Work tele	ephone		
Cell (mobile) phor	ne number					
Driver ' s license number			State	CI	ass	
Email address						
Are you a citizen o	of the U.S.?	Yes	🖵 No			
lf not, can you fur	nish proof o	f a visa which	permits you to	work here? 🛛 Ye	es 🛛 No	
If employed, can y	ou furnish p	proof of age?	Yes 🛛 No			
Have you ever bee	en convicted	of any crimes	, other than mi	nor traffic violations	s? 🛛 Yes 🖵 No	
If yes, state nature	e of the crim	ie, when and w	here convicted	and disposition of	case.	
Please be advised that	at you do not l	have to disclose a	iny sealed or expl	unged records of conv	viction or arrests.	

Do y	you speak, write, or understand any fore	ign languages? 🛛 Yes 🖵 No					
lf ye	s, which languages?						
Are	you willing to undergo testing related to	the position applied for? Yes No					
EMF	PLOYMENT HISTORY:						
Have	e you ever worked for the Village?	Yes 📮 No					
lf ye	s, when?	Department					
Have	e you ever applied for a position with the	e Village before? 🛛 Yes 🕞 No					
lf ye	s, when?	Department					
		gin with your current or most recent position:					
1.	EMPLOYER						
	ADDRESS	TELEPHONE					
	JOB TITLE SUPERVISOR'S NAME						
	REASON FOR LEAVING						
	STARTING DATE DATE OF TERMINATION						
	DESCRIBE WORK PERFORMED						
	_						
2.	EMPLOYER						
	ADDRESS	TELEPHONE					
	JOB TITLE	SUPERVISOR'S NAME					
	REASON FOR LEAVING						
	STARTING DATE	DATE OF TERMINATION					
	DESCRIBE WORK PERFORMED _						
3.	EMPLOYER						
	ADDRESS	TELEPHONE					
	JOB TITLE	SUPERVISOR'S NAME					
	REASON FOR LEAVING						
	STARTING DATE	DATE OF TERMINATION					

MILITARY SERVICE RECORD:

Are you a veteran of the U.S. Military? Yes No

Branch ______Rank _____Rank _____

List service schools attended

EDUCATION, TRAINING AND EXPERIENCE:

SCHOOL	NAME & ADDRESS	NO. OF YEARS/ CREDIT HOURS	IN WHAT YEAR DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL	1			
	2			
COLLEGE	1			
	2			
VOCATIONAL/ BUSINESS	1			
	2			
OTHER	1			
	2			

List any correspondence courses, seminars, workshops, training sessions, etc. that might relate to this position _____

FOR CLERICAL APPLICANTS ONLY:

What office machines can you operate? _____

Can you type? I Yes I No How many words per minute?

Can you take dictation? 🛛 Yes	No How many words per minute?
OTHER APPLICANTS ONLY:	
Can you read blueprints? 🛛 Yes	🗖 No Can you read schematics? 🗖 Yes 🗖 No
List machines you can operate	
List machines you can set up	
Summarize your special job related	skills:
Professional Licenses (i.e. Engineeri	ng, Law)
Name of Professional License/Certif	ication
Issuing state	_ License/Certification No
Has your license/certification ever b	een revoked or suspended? Yes No
If yes, state reason(s), date of revo	cation or suspension and date of reinstatement

I UNDERSTAND AND AGREE THAT:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed my application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of my application, and shall constitute cause for dismissal, if employed.

I hereby authorize the Village of Addison to thoroughly investigate my references, education, work, criminal, fingerprint, medical, driving, bank and credit records (when applicable), and other matters related by my suitability for employment and further authorize all organizations in possession of pertinent information to disclose to the Village any and all letters, reports and other information related to my education, work, criminal, fingerprint, medical, driving, bank and credit records (when applicable), without giving me prior notice of such disclosure. In addition, I hereby release the Village, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

I understand and agree that I will be required to take a physical examination, at the Village of Addison's expense, to determine if I am physically and or psychologically fit for the job I am to perform and, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment with the Village of Addison.

I understand that nothing communicated during the employment selection process, contained in the application or conveyed during any interview which may be granted is intended to create an employment relationship between me and the Village.

I further understand that in the event my application is disapproved, the sources of confidential information will not be revealed to me.

A photocopy of this release form will be valid as an original here of, even though the said photocopy does not contain an original writing of my signature.

My signature below confirms that I have read and understand the above statements. * *If submitting an application via e-mail, signature will be acquired at the time of interview. Please sign if submitting via mail or in person.*

Date:_____ Applicant's Signature _____

Village of Addison Equal Employment Opportunity Information

To all Applicants:

The following information will be used to determine how effective our recruitment efforts are in reaching all segments of the population and also to test the validation of our selection and placement methods. This information will not be maintained in your personnel file, but will be kept with our equal employment opportunity records.

Providing the information requested below is voluntary. However, it is important that answers to the questions set forth below are obtained so that we may take steps to prevent discrimination in the selection and placement of employees.

INSTRUCTIONS: Please write your name and social security number in the spaces provided. Then place an "X" in the box that answers each of the following questions:

1. Mr.

Ms.						
	LAST NAME	FIRST NAME		BIRTH DATE		
Soc	ial Security Number					
Sex	Male 🛛 Fem	ale				
Of t	the following, which racial/	ethnic group do you consid	der yourse	If to belong?		
	White (Not Hispanic	or Latino)				
	American Indian or Ala	<u>American Indian or Alaskan Native</u> (Not Hispanic or Latino)				
	Hispanic or Latino	Hispanic or Latino Data Black or African American (Not Hispanic or Latino)				
	Native Hawaiian or Ot	her Pacific Islander (Not Hi	ispanic or	Latino)		
	Two or More Races (I	Not Hispanic or Latino) 🛛	<u>Asian</u> (N	ot Hispanic or Latino)		
Wha	at is the last level of educa	ation completed? (this inclu	udes trainir	ng institutions)		
	Less than H.S. Diplom	na 🔲 Some colle	ege 🛛	Bachelor degree		
	H.S. graduate	Associate degree		Graduate degree		
Hov	v did you learn about the j	position?				
	Newspaper (Name) 🗆	Cable TV		
	Friend/Relative			Website		
	In-House Job Posting			Other		
Pos	ition applied for:					
am of the	e understanding that the ir	nformation requested in this	s form will	be used for statistica		

only and will not be used in any way to affect my employment or status thereof.