

APPLICATION FOR EMPLOYMENT

Please return to: Human Resources Office Village of Winnetka 510 Green Bay Road 2nd Floor Winnetka, IL 60093

| Date Received_ | | |
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| | | |
| Ву | | |

An Equal Opportunity Employer

It is the express policy of the Village of Winnetka to consider all applicants for employment without regard to race, color, religion, gender, age, physical disability, national origin, or any other legally protected status, in accord with applicable legal requirements.

Instructions: Please provide complete information. Type or print in ink. If a question does not apply to you, please enter "N/A" (not applicable) in the blank provided. False, inaccurate or incomplete information may subject you to disqualification or dismissal from employment. You are encouraged to attach a personal resume and additional information that you believe qualifies you for the position. Adobe Acrobat Reader Version 8.0 and later can save this form locally. For the most recent version, visit: http://getadobe.com/reader/ Date Available (mm/dd/yyyy) **Position Applied For:** Full Time Part Time Temporary Summer Minimum Salary: \$ ner **Personal Information** Name Last First Middle Present permanent address Street City State Zip Contact info: (Home) (Cell) e-mail: 3. Are you legally authorized to work in the United States? Yes Can you operate a motor vehicle? Yes If you are applying for a position that requires driving or a CDL do you have a valid driver's license? Yes **Education** 7. Please list the schools you have attended. Number of Type of Degree or **School** Name and Mailing Address of School credits **Diploma Received** Name: **High School/GED** Address: Name: **Technical** Address: Name: **Junior College** Address: Name: College/University Address: Name: **Higher Education** Address: 8. List any training, skills, professional licenses or certificates that you have that relate to the position for which you are applying:

of conviction. The Village of Winnetka will not automatically reject an applicant who has been convicted. Have you ever been convicted of any felony or misdemeanor involving theft or dishonesty (excluding minor traffic offenses) in any jurisdiction in the last seven years? Yes No If yes, please provide the following information: What jurisdiction? 10. What type of offense? 11. Date of offense? **Employment History** 12. List **EVERY** previous employer beginning with your current or most recent employer. Part Time **Full Time** Employment Date: From To Employer Telephone Address Position Held Immediate Supervisor Your Duties Last Salary Reason for Leaving May we contact your current employer? Yes No Part Time **Employment Date: From** Full Time Employer Telephone Address Position Held Immediate Supervisor Your Duties Last Salary Reason for Leaving **Employment Date: From** Full Time Part Time Employer Telephone Address Position Held Immediate Supervisor Your Duties Last Salary Reason for Leaving Employment Date: From То **Full Time** Part Time Employer Telephone Address Position Held Immediate Supervisor Your Duties Last Salary Reason for Leaving

Conviction Information (for background investigation purposes) You are not obligated to disclose sealed or expunged records

| Employment Date: From | To | | Full Time | Part Time |
|--|-------------------------------|--|------------|-------------------------|
| Employer_ | | _ | Telephone_ | |
| Address | | | | |
| Position Held | | Immediate Superv | risor | |
| Your Duties | | | Last Sal | ary |
| Reason for Leaving | | | | |
| | | | | |
| Employment Date: From | To | | Full Time | Part Time |
| Employer | | | Telephone_ | |
| Address | | | | |
| Position Held _ | | Immediate Superv | risor | |
| Your Duties | | | Last Sal | ary |
| Reason for Leaving _ | | | | |
| | | | | |
| Employment Date: From | To | | Full Time | Part Time |
| Employer | | | Telephone | |
| Address | | 7 | | |
| Position Held | | Immediate Superv | | |
| Your Duties | | | Last Sal | ary |
| Reason for Leaving | | | | |
| Employment Date: From | То | | Full Time | Part Time |
| Employer | | | Telephone | |
| Address | | <u> </u> | | |
| Position Held | | Immediate Superv | risor | |
| Your Duties | | <u>. </u> | Last Sal | ary |
| Reason for Leaving | | | | |
| | | | | |
| Employment Date: From_ | То | | Full Time | Part Time |
| Employer | | | Telephone | |
| Address | | | | |
| Position Held | | Immediate Superv | risor | |
| Your Duties _ | | | Last Sal | ary |
| Reason for Leaving _ | | | | |
| 13. Have you ever been discharged or a | asked to resign from provious | omployment? Vec | | If you place explain |
| (Include employer's name and address | | | No | If yes, please explain, |
| | | | | |

References

| List 3 references who can provide information aboright to contact the references at any time.) | ut your ability to do the job for which you are applying. (The Villa | ge reserves the |
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| Name: | Home Phone: | |
| Address: | Work phone: | |
| City, State: | Years Acquainted: | |
| Name: | Home Phone: | |
| Address: | Work phone: | |
| City, State: | Years Acquainted: | |
| Name: | Home Phone: | |
| Address: | Work phone: | |
| City, State: | Years Acquainted: | |
| 16. You may provide additional information pertaining | to your qualifications for the position for which you are applying. | |
| I DO HEREBY CERTIFY THAT ALL ANSWERS TO RESUME SUBMITTED ARE TRUE AND COMPLINFORMATION REQUESTED IN THIS APPLICATION TO AFFECT THE TEST RESULTS OR SAMPLE IN | uding substance screening, a background check including credit leads to position if any and satisfactory completion of probationary period. O THE ABOVE QUESTIONS AND ALL INFORMATION PROBETE. I AGREE THAT ANY FALSE STATEMENT OR CONTROL TO BE TESTED, OR MAY CAUSE REJECTION OF THE APPLICATION, WITHOR, MINATION OF EMPLOYMENT WITHOUT NOTICE OR BENEFITS | VIDED IN ANY DMISSIONS OF ANY ATTEMPT AWAL OF ANY |
| Signature | Date | |



Applicant's Acknowledgment and Authorization

PLEASE READ THIS CAREFULLY AND IN ITS ENTIRETY BEFORE SIGNING BELOW.

I understand and agree that all information furnished in this application may be verified and a background investigation conducted by the Village or its authorized representative or agent. I hereby authorize the Village of Winnetka to investigate any of the information contained on my application for employment, including past employment records, licenses, certificates, references and other facts stated on the application, including criminal background. I further authorize all individuals and organizations named and any consumer reporting agency or law enforcement organization to give the Village all information relative to such verification and background investigation. I also authorize the Village to provide to each other, any and all information, whether oral or written, obtained during the application and employment process, including information obtained in the course of a background check. 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 waive any right I may have to be notified by any individuals and organizations named in my application for employment 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 hereby release and discharge the Village and any person or entity from whom any such information is obtained from any liability whatsoever related to the use of disclosure of such information.

I understand that the Village of Winnetka requires an employment physical including substance screening and do hereby agree to submit to testing for the detection of drugs and alcohol and give permission for test results to be released to the Village of Winnetka. I further understand that positive test results, refusal to be tested, or any attempt to affect the test results or sample will result in withdrawal of my application for employment, withdrawal of any conditional offer of employment, or termination of employment, depending on when results are received.

I also understand that if hired, the Village may conduct further medical examinations [pursuant to regulations, policies, contracts and applicable law] to promote wellness of employees and to assess any threat of physical harm to myself or others. I acknowledge that as part of such medical examinations, the Village's physicians may make inquiries into my family health history as it pertains to the medical risks related to my job performance and duties. I voluntarily consent to provide such information to the Village's physicians and acknowledge that such information may be disclosed to the Village during legal or administrative proceedings or to evaluate my eligibility for certain benefits provided pursuant to Illinois law other than group health insurance provided to me as a full-time employee. I hereby release and discharge the Village from any and all claims of liability under the Genetic Information Nondiscrimination Act arising out of or relating in any way to the conduct of post-employment medical exams and waive my right to monetary recovery should a third-party pursue such a claim on my behalf.

I also understand that the Village is not obligated to provide employment to me and that I am not obligated to accept employment. Nothing in this application or in any prior oral or written statements made by the Village or its authorized representative is intended to create any employment contract or any rights in the nature of an employment contract. I understand that if I am employed, my employment will be terminable at-will. I will have the right to terminate my employment at any time, and the Village will have the right to terminate my employment at any time with or without notice or cause. This application does not bind either me or the Village for a specific period of time regarding employment. I understand that no one other than the Village Manager has any authority to enter into any agreement contrary to the foregoing. Any such agreement must be in writing.

If I am employed, I agree to become familiar with and abide by, the policies and rules of the Village of Winnetka.

I certify that the information I have provided in this application and during the interview process is true to the best of my knowledge. I understand that any falsification and/or misrepresentation of that information, stated or implied, may result in the denial of employment at the Village of Winnetka, or in termination if I am hired by the Village.

I have read or had read to me this acknowledgement and authorization form and I understand, consent and agree to it in full by my signature below.

| Date | Your Signature |
|------|----------------|



AMERICANS WITH DISABILITIES ACT REASONABLE ACCOMMODATION OF AN APPLICANT

Under the American with Disabilities Act (ADA), reasonable accommodation must be provided in the job application process to enable a qualified applicant to have an equal opportunity to be considered for a job. The Village of Winnetka is obligated to make an accommodation only to the *known* limitation of an otherwise qualified individual with a disability.

It is the responsibility of the applicant with a disability to inform the Village that an accommodation is needed to participate in the application process. The Village is not required to provide an accommodation if unaware of the need. An applicant seeking an accommodation must file a written request at least 5 working days prior to the date for which an accommodation is being sought.

Written requests for accommodation should be submitted to:

Megan Fulara Village of Winnetka 510 Green Bay Road Winnetka, IL 60093 mfulara@winnetka.org

An applicant must have express written authorization to continue in the hiring process with the benefit of the accommodation.



EEOC DATA SHEET COMPLETION OF THIS FORM IS VOLUNTARY. YOU ARE NOT REQUIRED TO FILL IT OUT.

The information collected on this form is for statistical validation only so that we may comply with legal requirements. This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

| Gender: | Male |
|------------|---|
| | Female |
| Race: | Check One - Hispanic or Latino Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin |
| | White Persons having origins in Europe, North Africa, or the Middle East |
| | Black or African American Persons having origins in any Black racial groups of Africa |
| | Native Hawaiian or Other Pacific Islander Persons having origins in Hawaii or other Pacific islands |
| [| Asian Persons having origins in the Far East, Southeast Asia, India or the Pacific Islands, including China, Japan, Korea, the Philippine Islands, and Samoa |
| | American Indian or Alaska Native Persons having origins in North America who maintain cultural identification through tribal affiliation or community recognition |
| | Two or More Races (Not Hispanic/Latino) |
| Position a | pplied for: |
| How did y | ou learn of this position? Please name the specific newspaper, radio station, internet site, etc. |