



## Employment Application

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VILLAGE OF STURTEVANT is firmly committed to providing equal employment opportunity in all phases of employment activity, without regard to race, color, national origin, religion, sex, age, disability, veteran status, sexual preference, marital status, or any other status protected by relevant statute or ordinance.

<b>Section A: Personal Information</b>					
Last Name	First	Middle	Date		
Street Address		Home Telephone			
		(   ) -			
City, State, Zip		Business Telephone			
e-mail address:		(   ) -			
Have you ever applied for employment with VILLAGE OF STURTEVANT?				Social Security #	
<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes: Month & Year   Location				- -	
Position Desired:		Salary Desired:		Are you of the legal age to work?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If not, what hours can you work?</i>					
When will you be available to begin work?					
Are you willing to travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Proof of U.S. Citizenship or immigration status will be required upon employment.</i>					
<b>Section B: Education and Experience Information</b>					
Level of Schooling	Name and Location (City, State) of School	Course of Study	No. of Yrs Completed	Did You Graduate?	Degree/Diploma Year Obtained
Graduate					
Undergraduate					
Business/Trade/Technical					
High School					
Membership in Job-Related Professional or Civic Organizations <i>(Exclude those which may disclose personal affiliations)</i>					
<b>Military Experience</b>					
Military Experience <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, What Branch?		
Describe Training Relative to Desired Position:					



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<b>Previous Employment</b>			
(Please give complete full-time and part-time employment record beginning with present or most recent employer. Use a separate page if necessary).			
Company Name		Name of Supervisor	
Address		Telephone	
		(   ) -	
Employed (month and year):		Start	Last
From	To	Annual Incentive/Bonus/Other:	
State Job Title and Describe Your Work:		Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State Reason:	
Company Name		Name of Supervisor	
Address		Telephone	
		(   ) -	
Employed (month and year):		Start	Last
From	To	Annual Incentive/Bonus/Other:	
State Job Title and Describe Your Work:		Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State Reason:	
Company Name		Name of Supervisor	
Address		Telephone	
		(   ) -	
Employed (month and year):		Start	Last
From	To	Annual Incentive/Bonus/Other:	
State Job Title and Describe Your Work:		Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State Reason:	
Company Name		Name of Supervisor	
Address		Telephone	
		(   ) -	
Employed (month and year):		Start	Last
From	To	Annual Incentive/Bonus/Other:	
State Job Title and Describe Your Work:		Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State Reason:	

