



HOMER TOWNSHIP EMPLOYMENT APPLICATION

Position Applied For: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Current Address: _____ City/State/Zip _____

Prior Address: _____ City/State/Zip _____

APPLICANT INSTRUCTIONS:

IF YOU NEED ASSISTANCE FILLING OUT THIS APPLICATION FORM OR FOR ANY PHASE OF THE EMPLOYMENT PROCESS PLEASE NOTIFY THE PERSON THAT GAVE YOU THIS FORM AND EVERY EFFORT WILL BE MADE TO ACCOMMODATE YOUR NEEDS IN A REASONABLE AMOUNT OF TIME.

1. Please read APPLICANT NOTE below.
2. Complete all pages.
3. If more space is needed to complete any question, use comments section at the bottom of next page.
4. Print clearly. Incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
7. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

What date are you available to begin work: _____

What type of employment are you seeking: Full time _____ Part time _____ Temporary _____ Re-hire _____

For which schedules are you available (check all that apply): * Weekdays _____ Weekends _____ Evenings _____

Nights _____ Overtime _____

*Reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other States).

JOB RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

If the job requires, do you have the appropriate valid driver's license? Yes _____ No _____

Please list any other skills, licenses or certificates that may be job – related or that you feel would be of value to this job or company: _____

How did you learn about this job opening? _____

Have you been provided a job description or had essential functions of the job explained to you? Yes _____ No _____

Do you understand these essential functions? Yes _____ No _____

After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodations? Yes _____ No _____

Have you used any names other than given above? Yes _____ No _____ If so please list:

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical.*

Ask for a phone book or call information if necessary.

FOR EMPLOYERS OUTSIDE THE U.S.A. CURRENT FAX NUMBER IS MANDATORY.

Most recent employer

Are you currently working for this employer? Yes _____ No _____ If yes, may we contact? Yes _____ No _____

Phone (_____) _____ Fax (_____) _____

Company Name _____ City _____ State _____

Dates Employed From _____ To _____ Job Title _____

Supervisor's Name _____

Duties _____ Reason for leaving _____

Salary _____ Per (mark appropriate) Hour _____ Week _____ Month _____

Second most recent employer

Phone (____) _____ Fax (____) _____
Company Name _____ City _____ State _____
Dates Employed From _____ To _____ Job Title _____
Supervisor's Name _____
Duties _____ Reason for leaving _____
Salary _____ Per (mark appropriate) Hour _____ Week _____ Month _____

Third most recent employer

Phone (____) _____ Fax (____) _____
Company Name _____ City _____ State _____
Dates Employed From _____ To _____ Job Title _____
Supervisor's Name _____
Duties _____ Reason for leaving _____
Salary _____ Per (mark appropriate) Hour _____ Week _____ Month _____

REFERENCES Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____

EDUCATION

NOTE: Do not fill out this section you believe to be non-job related.
Please circle highest grade completed. 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 16+
If your school records are under a different name than listed on page 1, please enter that
Name: _____

	CITY/STATE	GRADUATED?	DEGREE?
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other _____	_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that it is my responsibility to provide complete and accurate information.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Homer Township to proceed to verify their accuracy and to obtain reference information on my work performance. I hereby release Homer Township from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind, or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____

Please return the completed application via fax, email or in person to:

Homer Township

14350 W. 151st Street, Homer Glen, IL 60491

Ph: 708-301-0522

Fax: 708-301-7043

Email: office@homertownship.com

Website: www.homertownship.com