APPLICATION FOR EMPLOYMENT
~ SUMMER HELP ~

THE VILLAGE OF
OAK LAWN

AN EQUAL OPPORTUNITY EMPLOYER

MUNICIPAL CENTER
9446 S. Raymond Avenue
Oak Lawn, Illinois 60453

Phone: (708) 636-4400

All information given on this application will be treated confidentially

This application shall be kept on file and considered current for a period of one (1) year from the date of receipt. It is the responsibility of the applicant to notify the Village of any change of address and/or telephone number.

(PLEASE PRINT OR TYPE)

Position Applied For	Date of Application

Last Name	First Name	Middle Name

Address	*Number*	*Street*	*City*	*State*	*Zip Code*

Telephone Number (s)	Social Security Number
Daytime ( ) Evening ( )	

E-mail

PERSONAL DATA

Date of Birth: _____ Place of Birth: _____

Are you a U.S. Citizen? ❑ Yes ❑ No *(Proof of citizenship or immigration status will be required upon employment)*

Do you possess a valid Driver's License? ❑ Yes ❑ No

_____ _____ _____
DRIVERS LICENSE NUMBER STATE EXPIRATION DATE

Have you ever been employed by the Village of Oak Lawn? ❑ Yes ❑ No

If Yes, give dates: _____ In what capacity? _____

Have you ever filed an application with the Village of Oak Lawn? ❑ Yes ❑ No

If Yes, for what position? _____

Have you ever been convicted of a felony? ❑ Yes ❑ No If Yes, please explain _____

_____

Are you currently employed? ❑ Yes ❑ No

Are you available to work: ❑ Full Time ❑ Part Time ❑ Shift Work ❑ Temporary

Date you are available to work: _____

MILITARY - DRAFT DATA

Are you a veteran of the United States military service? ❑ Yes ❑ No

If Yes, list period of avtive service. From _____ To _____

Present Selective Service Classification (if any): _____ Service Serial Number: _____

Rank at time of Discharge _____ Type of Discharge: _____

EDUCATIONAL DATA

TYPE	NAME, CITY, STATE	NO. YRS.	DATE GRADUATED	CERTIFICATE OR DEGREE	PRINCIPAL COURSE OF STUDY
Elementary					
High School/ GED					
Business or Trade					
Correspondence or Night School					
College or University					

EMPLOYMENT HISTORY

Please list your previous employment beginning with your present or most recent employment. Account fully for all time including military service. If additional space is needed, list on a separate sheet.

Employer	Dates Employed From	Dates Employed To	Work Performed
Address			
Telephone Number			
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed From	Dates Employed To	Work Performed
Address			
Telephone Number			
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed From	Dates Employed To	Work Performed
Address			
Telephone Number			
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Reason for Leaving			
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Address			
Telephone Number			
Job Title Supervisor			
Reason for Leaving			

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. _____

_____

_____

(CONTINUE TO NEXT PAGE)

REFERENCES (Do NOT List Relatives or Former Employers)

Give names and addresses of three (3) adults you know who can vouch for your character, habits and ability.

NAME	ADDRESS (Number and Street, City, State, Zip)	PHONE	OCCUPATION
1.		( )	
2.		( )	
3.		( )	

REFERRAL SOURCE: REFERRAL SOURCE:

- ❑ **Advertisement**
- ❑ **Personal Reference**
- ❑ **School**
- ❑ **Walk-In**
- ❑ **Posted Notice**
- ❑ **Other:** _____

Applicant's Statement

I certify that all information in this application is true and correct to the best of my knowledge, and agree that any misrepresentation or concealment of material fact may be sufficient cause for refusal of my hire or termination of my employment.

I authorize you to make inquires of all statements and references contained in this application for employment as may be necessary in arriving at an employment decision. I agree to hold such references harmless with respect to any information they may furnish.

I understand that if my application is accepted, employment will be conditional upon completion of a satisfactory medical examination.

If hired, I argee to abide by all rules and regulations of the Village of Oak Lawn.

By submitting this application for temporary employment through the summer help work program with the Village of Oak Lawn, I understand that if I am hired, that my employment will end by September 1st. I further acknowledge that I am an active full-time student and will return to school full-time at the conclusion of the summer help work program.

_____ Date

_____ Signature of Applicant

FOR PERSONNEL DEPARTMENT USE ONLY (Do not write below this area)

Additional Comments: _____

_____

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