



Village of Mahomet

503 E. Main Street - P.O. Box 259 - Mahomet, IL 61853-0259
phone (217) 586-4456 fax (217) 586-5696

EMPLOYMENT APPLICATION

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department.

Please Print.

Today's Date _____

GENERAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Home Telephone Number (____) _____ Cell Phone Number (____) _____

E-Mail Address: _____

Telephone # & Name to contact in case of emergency _____ (____) _____
Are you 18 years or older? Yes No

Are you legally authorized to work in the United States? Yes No
Proof of eligibility documentation must be provided at time of hire as required by law.

Do you possess a valid, current Illinois driver's license? Yes No

EMPLOYMENT DESIRED

Position Applied For _____

How Did You Learn About Us?

Advertisement Employment Agency Friend Inquiry Relative
 Other: _____

Do you want to work: Full-time _____ Part-time _____ Temporary _____

Specify days and hours available, if part-time _____

Date available to start work _____ Salary Expectations _____

Have you applied for employment with the village within the last 12 months? Yes No

Have you ever worked for us before? Yes No
(Please provide your name of record at that time, job title and dates of employment) _____

An Equal Opportunity Employer

EDUCATION

List education if it is related to the job for which you are applying.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

MILITARY EXPERIENCE

Do You Have United States Military Experience? YES _____ NO _____ Branch _____

Date Entered: _____ Date Discharged: _____

Rank at Time of Discharge: _____

Special Skills or Training from Service: _____

Present Military Status: _____

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, status with regard to public assistance, membership or activity in a local commission, disability or age.

MISCELLANEOUS

Has your employment with any employer ever been involuntarily terminated? Yes No

If yes, please identify the employer, date of termination and reason for termination: _____

Do you have a Driver's License? (optional) Yes No

Driver's License Number & Class: (optional) _____

EMPLOYMENT HISTORY
(Please Start With Your Present or Most Recent Position)

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity
1.			
2.			
3.			

SIGNATURE

APPLICANT: *Please read the following carefully before signing this application.*

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Village and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and the Village has the right to terminate my employment at any time, for any reason or no reason, with or without notice.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- I understand that an offer of employment is contingent upon taking a drug and/or alcohol test in accordance with Village policy, and successfully passing.
- Unless otherwise noted above, I authorize the Village and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide the Village any job-related information, personal or otherwise, they may have regarding me and I release the Village and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Village which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all Village property must be returned and any indebtedness to the Village must be paid on or before my last day of work. I authorize the Village to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

_____ Date

_____ (Signature of Applicant)

If you are 17 years of age or younger, a parental consent has to be signed.

Printed Name of Parent: _____ Parental Signature: _____