

**VILLAGE OF CHAPIN
APPLICATION
FOR EMPLOYMENT**

**510 EVERETT STREET
P.O. BOX 213
CHAPIN, ILLINOIS 62628
(217) 472-3111**

The Village of Chapin considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied for: _____ Date of Application: _____

How Did You Learn About Us?

Advertisement Friend Walk-In Employment Agency
 Relative Other

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Social Security Number _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Y N

Have you ever filed an application with us before? Y N

If Yes, give date _____

Have you ever been employed with us before? Y N

If Yes, give date _____

Are you currently employed? Y N

May we contact your present employer Y N

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration status? Y N

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

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

Are you currently on "lay-off" status and subject to recall? Y N

Can you travel if a job requires it? Y N

Have you been convicted of a felony or misdemeanor? Y N

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

HIGH SCHOOL

Name of High School _____

Address of High School _____

Did you graduate from high school? Yes: ____ No: ____ If yes, when did you graduate?

If no, which grade did you complete? _____ When did you complete that grade? _____

COLLEGE

Did you attend a college/university?

If yes, please state the name of the college/university:

Address of college/university:

Number of years attended: 1 2 3 4. Did you receive a degree or diploma? _____ When?

OTHER POST-HIGH SCHOOL EDUCATION

Did you attend a trade or technical training school?

If yes, please state the name of the school: _____

School address: _____

Number of years attended: 1 2 3 4. Did you receive a degree or diploma? _____ When?

POST COLLEGE EDUCATION

Did you attend a graduate school?

If yes, please state the name of the graduate school:

School Address:

Number of years attended: 1 2 3 4. Did you receive a degree or diploma? _____ When?

Please list the nature of any degrees or diploma you received and the date you received each degree or diploma which you believe makes you qualified for employment at The Village of Chapin in the position

for which you are applying:

Indicate any foreign languages you can speak, read and/or write.

Speak _____ Fluent _____ Good _____ Fair

Read _____ Fluent _____ Good _____ Fair

Write _____ Fluent _____ Good _____ Fair

Describe any specialized training, apprenticeship, skills and extra-curricular activities that may relate to your qualifications for the job for which you are making application.

Describe any job-related training received in the United States military.

EMPLOYEMENT & RELATED EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Do not exclude any employment or work.

1. Employer: _____ Dates Employed: From _____ To _____

Address: _____

Telephone Number(s): _____ Starting Salary: _____

Ending Salary: _____

Job Title: _____ Supervisor: _____

Work Performed:

2. Employer: _____ Dates Employed: From _____ To _____

Address: _____

Telephone Number(s): _____ Starting Salary: _____

Ending Salary: _____

Job Title: _____ Supervisor: _____

Work Performed:

3. Employer: _____ Dates Employed: From _____ To _____

Address: _____

Telephone Number(s): _____ Starting Salary: _____

Ending Salary: _____

Job Title: _____ Supervisor: _____

Work Performed:

4. Employer: _____ Dates Employed: From _____ To _____

Address: _____

Telephone Number(s): _____ Starting Salary: _____

Ending Salary: _____

Job Title: _____ Supervisor: _____

Work Performed:

If you need additional space, please continue on a separate sheet of paper.

If there are any gaps in your employment, please explain:

List professional, trade, business or civic activities and offices held which you believe may relate to your qualifications for which you are making application.

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. I understand that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Village of Chapin is of an “at will” nature, which means that I may resign at any time and the Village may discharge me at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the Village.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that the Village requires applicants for employment to take a drug and alcohol screening test as part of the pre-employment physical examination, and that any offer of employment with the Village is conditional upon the results of my test for drugs or alcohol being satisfactory. I further understand that if I am employed with the Village, I will be required to submit to a drug or alcohol test if the Village has a reasonable suspicion that I am under the influence of alcohol or drugs. I agree to execute any documents required of me to release the results of drug and alcohol testing to the Village.

Signature of Applicant

Date
