



Application for Employment

Please return to:
Village of Evergreen Park – HR
9418 S. Kedzie Ave.
Evergreen Park, IL 60805
Email: hkokodynsky@evpkadm.org

We welcome you as an applicant for employment with the Village of Evergreen Park. In accordance with federal, state and local laws, the Village of Evergreen Park is committed to recruit, hire, promote, train and evaluate all personnel without regard to race, color, religion, sex, age, national origin, citizenship status, sexual orientation, marital status, veteran status, disability, or any other protected group status (except when gender, age, or physical ability is a bona fide occupational qualification). The Village of Evergreen Park complies with the Americans with Disabilities Act (ADA). If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact Human Resources at (708) 229-2386. Please complete the entire application or indicate “not applicable” where appropriate. Do not submit a resume in place of completing any part of this application.

Notice: If you are completing this application via electronic form, please download the PDF, save the completed application and submit via email to Heather Kokodynsky, HR Director at hkokodynsky@evpkadm.org.

Please Print or Type

Position:

Position applied for: _____ Today’s Date: _____

Availability: Full-time Part-time Seasonal/Temporary

Desired Salary Range: _____ Date Available: _____

Personal Information:

Legal Name: _____
Last First Middle

Address: _____
Street City State Zip

Have you ever gone by a different name? If yes, please specify: _____

Phone #: _____ Email: _____

Driver’s License Number _____ State _____ Exp. Date _____

General Information:

If employed, can you provide proof of authorization to work in the U.S.? Yes No

Are you at least 18 years of age? Yes No

How were you referred to the Village of Evergreen Park? _____

Have you ever been employed by the Village of Evergreen Park? Yes No

If yes, give dates of employment _____ Position _____

Have you ever been terminated or asked to resign from a job? Yes No

If yes, please explain: _____

Education and Other Training:

High School _____ City, State _____

High School Degree Earned? Yes No If not, have you passed GED? Yes No

School	Name/City, State	No. of Years/Credit Hours	Did you Graduate?	Degree/Diploma
College				
Vocational/Business				
Other/Graduate School				

Are you a veteran of the U.S. Military? If yes, provide Branch of Service: _____

List any special courses, seminars, workshops, training sessions, licenses, certificates, and/or professional memberships applicable to the position you are applying for:

Employment History: Please begin with your most recent employer.

Name of Company:	_____	From:	_____
Address:	_____		Month Year
Telephone:	_____		
Supervisor's Name and Title:	_____	To:	_____
Your Title:	_____		Month Year
Your Duties:	_____	Full-Time	
	_____	Part-time	
	_____	Hours	
	_____	per	
	_____	week	_____
Reason for Leaving: _____			
If no, please explain: _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Company:	_____	From:	_____
Address:	_____		Month Year
Telephone:	_____		
Supervisor's Name and Title:	_____	To:	_____
Your Title:	_____		Month Year
Your Duties:	_____	Full-Time	
	_____	Part-time	
	_____	Hours	
	_____	per	
	_____	week	_____
Reason for Leaving: _____			
If no, please explain: _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Company:		From:	
Address:			Month Year
Telephone:			
Supervisor's Name and Title:		To:	
Your Title:			Month Year
Your Duties:		Full-Time	
		Part-time	
		Hours	
		per week	
Reason for Leaving: _____			
		If no, please explain: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please explain any periods of unemployment between the jobs listed above:

Professional References: Please list three professional references whom you have known for at least one year.

Name	Company/Title	Phone Number	Email Address

Certification and Authorization by Applicant:

I hereby certify that the information given in this application is correct and true to the best of my knowledge. I authorize the Village of Evergreen Park to contact any of my schools, current or former employers, armed services, and physicians having medical records pertaining to me, and authorize these entities to furnish all information requested in connection with this employment application. I understand any misrepresentation of the information furnished by me shall be sufficient cause for denial of employment or dismissal.

I understand that I will be required as a condition of my employment to submit to a criminal background check, drug/alcohol test, and medical examination. I give permission for any/all pre-employment test results to be released to the Village of Evergreen Park. If employed, I also agree to submit to any drug test at any time deemed appropriate by the Village of Evergreen Park and as permitted by law or a collective bargaining agreement. I understand that my employment, or continued employment, to the extent permitted by law, is contingent upon a satisfactory drug test, and if I am hired a condition of my employment will be that I abide by the Village of Evergreen Park's Drug and Alcohol policy.

I hereby release and discharge the Village of Evergreen Park and any person or entity from whom any such information is obtained from any liability whatsoever related to the use or disclosure of such information.

I understand that this application is not, nor is it intended to be a contract of employment. I understand employment with the Village of Evergreen Park is at-will, meaning that either I or the Village can terminate employment at any time for any reason. If hired, I understand that the Village may unilaterally change or revise their benefits, policies and procedures and such changes may include a reduction in benefits.

I understand that this Employment Application shall be considered active for a period of time not to exceed ninety (90) days from this date, and that if I wish to be considered for employment beyond that date, I must submit another employment application.

I understand that by typing my name in the space below, it will serve as my electronic signature on this Employment Application. Furthermore, I agree that my electronic signature shall have the same legal effect as my handwritten signature.

NOTE: Application is void without signature.

Signature of Applicant

Date