VILLAGE OF BETHANY

EMPLOYMENT APPLICATION

Please make sure to attach resume to this application.

1. EMPLOYER INFORMATION

Employer:	VILLAGE OF BETHANY
Address:	201 W. MAIN ST.
City/State/Zip:	BETHANY, IL 61914
Telephone:	(217) 665-3351

It is the policy of THE VILLAGE OF BETHANY to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. APPLICANT INFORMATION

	Applicant Full Name:
	Home Address:
	Number of years at this address:
	Daytime Phone: Evening Phone:
	Social Security Number:
	(Are you willing to submit yourself to a background check upon or before hire?)
	Yes No
3.	POSITION APPLIED FOR:
4.	SALARY DESIRED: \$per hour
5.	ARE YOU AT LEAST 18 YEARS OLD? Yes No
6.	DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No
7.	IF OFFERED EMPLOYMENT, WHEN WOULD YOU BE AVAILABLE TO BEGIN WORK?

8.	IF HIRED,	ARE YOU A	ABLE TO SU	BMIT PROOF	THAT	r yc	DU AR	EL	EGALLY	ELIGIBI	E FOR
	EMPLOYN	AENT IN TH	IE UNITED	STATES?	Yes		No				

9. ARE YOU ABLE TO PERFORM THE ESSENTIALS OF THE JOB POSITION YOU SEEK WITH OR WITHOUT REASONABLE ACCOMODATION? Yes No

10. APPLICANT'S SKILLS

List all skills you have that you feel would be considered useful for the job you are seeking. Enter the number of years of experience for each skill.

SKILL	YEARS OF EXPERIENCE				

11. APPLICANT EMPLOYMENT HISTORY

List your current or most recent employment first. Please list jobs (including self-employment and military service) which you have held beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application or attach a separate page.

Employer Name:
Supervisor Name:
Address:
Phone Number:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
May we contact your previous supervisor for a reference? Yes No

Employer Name:
Supervisor Name:
Address:
Phone Number:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
May we contact your previous supervisor for a reference? Yes No
Employer Name:
Supervisor Name:
Address:
Phone Number:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
May we contact your previous supervisor for a reference? Yes No
12. APPLICANT'S EDUCATION AND TRAINING
High School/GED Attended:
Address:
Did you receive a degree? Yes No
College/University Attended:
Address:
Did you receive a degree? Yes No
If yes, list degree(s) received:

Other Training, Licenses or Certifications, Awards or Special Achievements:

13. REFERENCES

Please list at least 3 **Professional References.** If additional space is needed, continue on the back page of this application or attach a separate page.

Name:
Address:
Phone:
Relationship:
Years known:
Name:
Address:
Phone:
Relationship:
Years known:
Name:
Address:
Phone:
Relationship:
Years known:

14. Please provide any other information that you believe should be considered, including whether or not you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be basis for rejection of my application, or if employment commences, immediate termination.

I authorize the VILLAGE OF BETHANY to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE