

# APPLICATION FOR EMPLOYMENT

**Worth Township**

**11601 S. Pulaski Road**

**Alsip, Illinois 60803**

**708-371-2900      www.worhtownship.com**

FOR OFFICE USE ONLY

Interview Date \_\_\_\_\_  
Interviewer \_\_\_\_\_  
Position \_\_\_\_\_  
Department \_\_\_\_\_  
XU Letter    Yes \_\_\_\_\_ No \_\_\_\_\_  
Start Date \_\_\_\_\_  
Wage Rate \_\_\_\_\_

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS REGARDLESS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, SEXUAL ORIENTATION, VETERAN STATUS OR THE PRESENCE OF AN ON-JOB RELATED MEDICAL CONDITION OR HANDICAP.

AS AN APPLICANT, I WILL VERIFY MY EMPLOYMENT ELIGIBILITY BY PRESENTING PROOF OF CITIZENSHIP OR IMMIGRATION STATUS PRIOR TO EMPLOYMENT. IF I AM UNDER THE AGE OF 18, I WILL ALSO PROVIDE ANY NECESSARY WORK PERMIT(S) PRIOR TO STARTING WORK.

PLEASE PRINT OR TYPE \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE INDICATE THE TYPE OF POSITION YOU ARE APPLYING FOR:

\_\_\_\_\_

\_\_\_\_\_ NAME \_\_\_\_\_

\_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY, STATE, ZIP CODE \_\_\_\_\_

\_\_\_\_\_ HOME PHONE NUMBER and CELL PHONE NUMBER, IF ANY (INCLUDE AREA CODES) \_\_\_\_\_

\_\_\_\_\_ E-MAIL ADDRESS, IF ANY \_\_\_\_\_

\_\_\_\_\_ DRIVER'S LICENSE NUMBER / STATE \_\_\_\_\_  
(Please provide a photocopy of your Driver's License, or state ID, and your Social Security Card.)

IF YOU ARE UNDER 18, INDICATE YOUR DATE OF BIRTH: \_\_\_\_\_

THE AGE DISCRIMINATION EMPLOYMENT ACT FORBIDS DISCRIMINATION ON THE BASIS OF AGE TO INDIVIDUALS AGE 40 AND OVER.

**EDUCATION**

Name/Address  
of School

Course of  
Study

Years  
Completed

Diploma/  
Degree

ELEMENTARY: \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

GRADUATE/OTHER \_\_\_\_\_

PLEASE INDICATE ALL DEGREES, SPECIAL TRAINING, SKILLS, EQUIPMENT OPERATED, SPECIALIZED WORK, EXPERIENCE OR OTHER FACTORS WE SHOULD CONSIDER:

\_\_\_\_\_  
\_\_\_\_\_

DO YOU SPEAK OR WRITE ANY LANGUAGES OTHER THAN ENGLISH?    Y    N

IF YES, INDICATE LANGUAGE AND CAPABILITY: \_\_\_\_\_

READ

WRITE

SPEAK

PERSONAL REFERENCES OTHER THAN RELATIVES:

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

# EMPLOYMENT HISTORY

(START WITH YOUR LAST OR PRESENT EMPLOYER)

**EMPLOYER  
INFORMATION**

**DATES EMPLOYED  
FROM / TO**

**JOB TITLE**

EMPLOYER:

ADDRESS:

TELEPHONE:

SUPERVISOR:

REASON FOR LEAVING:

EMPLOYER:

ADDRESS:

TELEPHONE:

SUPERVISOR:

REASON FOR LEAVING

EMPLOYER:

ADDRESS:

TELEPHONE:

SUPERVISOR:

REASON FOR LEAVING

What salary or hourly rate are you looking for? \_\_\_\_\_

Are you currently employed? Y N

May we contact your current and prior employers? Y N  
If no, please list the ones you do not wish us to contact.

Do you have a resume or reference letter? Y N

Have you been employed here before? Y N

Are you working in a capacity that may be interpreted  
as a conflict of interest? Y N

Are you currently on a lay off? Y N  
If so, what is your job recall status? \_\_\_\_\_

Have you ever been convicted of any crime under State or Federal Law? Y N

If so, give the dates, state the offense, and please explain in detail.

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Have you ever served in the military? Y N

Were you honorably discharged? Y N

If no, explain: \_\_\_\_\_

Are you presently in the National Guard or Armed Forces Reserves? Y N

Can you travel if the job requires it? Y N

Can you work overtime? Y N

Do you have a current driver's license? Y N

Do you have a CDL license? Y N

The Township may requisition a copy of your driving record at our  
expense. Do you have any objection to this requirement? Y N

Would you take a pre-employment physical at our expense? Y N

Would you take a pre-employment drug/alcohol test at our expense? Y N

Are you or your spouse related to a present or former Worth Township employee or official?      Y      N      If yes, whom? \_\_\_\_\_

The Township has certain policies that all employees must follow, will you adhere to them?      Y      N

Are you applying for full-time or part-time work?      F      P

Are you applying for seasonal / summer work?      Y      N

When will you be available for an interview? \_\_\_\_\_

If offered employment, when can you report for work? \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_

### APPLICANT'S STATEMENT

I understand that my employment may be contingent upon satisfactory results from any test or investigation and upon my ability to perform work efficiently during the probationary period.

I certify that the information given herein is true and complete to the best of my knowledge and I voluntarily authorize the Town of Worth to verify all information related to my education, prior employment and personal references. I also release from liability all persons and entities supplying or collecting such information.

In the event of my employment, I understand that any misrepresentation or deliberate omission of any fact in my application, resume, any other materials or during an interview will be justification for refusal of employment or if already employed will result in termination.

I understand that I am required to abide by any and all rules, regulations and policies of the Town of Worth.

I understand that all information provided in this application will be treated confidentially and will only be used to help assure the best use of my capabilities as an applicant. If employed, this application will be placed in my personnel file or, if not immediately employed, this application shall be considered active for a period of time not to exceed six months. After that time, I may re-apply.

I understand that acceptance of an offer of employment with the Town of Worth does not create a contractual obligation upon the Township to employ me in the future.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**FOR PERSONNEL DEPARTMENT USE ONLY**

Positions Considered For \_\_\_\_\_  
\_\_\_\_\_

First Interview Date and Time: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Second Interview Date and Time: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Did applicant require hiring by Town Board? Y N

If yes, give date of Board Motion to hire: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Starting Rate/Salary: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Probationary Period Ends: \_\_\_\_\_

Probationary Evaluation Date: \_\_\_\_\_

After Probation, Rate/Salary: \_\_\_\_\_

In case of emergency, notify:

\_\_\_\_\_  
Name Relationship Home # Work #