

EMPLOYMENT APPLICATION

Village of Poplar Grove 200 N. Hill Street Poplar Grove, IL 61065 (815) 765-3201 (Phone) (815) 765-3571 (Fax)

(Print Clearly) Last Name				_First Name				Middle	
Address									
Telephone ()			Driver's License:						
Position(s) apply	ying for:								
Date Available:			Full Time Part Time			Part Time	Tem	porary	
Are you a U.S. (Citizen or do you h	nave a U.S. v	work	permit?	Yes	No			
Are you at least	18 years of age?	Yes		No					
If the job requires it: Do you have a valid drive Do you have a Commercial Driver's License (0					Yes Yes	No No			
Have you ever b	peen convicted of a tuse a conviction reco	any violation ord unless it is s	ıs of l	aw other	than med to circ	ninor traffic violent	olation particu	ns? Yes No lar job.)	
If yes, please ex	xplain, including w	hen and whe	ere (L	Jse additi	ional sh	neet if necess	ary.) _		
EDUCATION A	ND TRAINING:								
Circle the highest grade completed in school 1 2 3 4 5 6 7 8 9 10 11 12			Did you graduate high school? Yes No						
Name and Location of High School			Have you passed a G.E.D. Equivalency? Yes No						
TRAINING BEY	OND HIGH SCHO	•		•		school, militar	•	ol, or other	
Name	Location	Dates Attended		Major		GPA/Ba		Degree Earned	

training, or volunteer work include relevant licenses,	have that is not covered, such as corr which you feel is relevant to the job for certificates, typing speed, dictation rat	or which you are applying. Also		
WORK EXPERIENCE	May we contact your present employ	ver? Yes No		
•	ption and be certain to include service osition under the same employer. Beg	· · · · · · · · · · · · · · · · · · ·		
1. Employer	Kind of Business	Location		
Name of Supervisor	Address/Phone of Supervisor	Employed from to Reason for leaving:		
Duties Performed:		-		
2. Employer	Kind of Business	Location		
Name of Supervisor	Address/Phone of Supervisor	Employed from to Reason for leaving:		
Duties Performed:				
3. Employer	Kind of Business	Location		
Name of Supervisor	Address/Phone of Supervisor	Employed from to Reason for leaving:		
Duties Performed:				

4. Employer	Kind of Business	Location				
Name of Supervisor	Address/Phone of Supervisor	Employed from to Reason for leaving:				
Duties Performed:						
Please list two references other than	relatives					
Name	Address	Phone				
Name	Address	Phone				
Equal Opportunity Statement	<u>I</u>					
of race, color, religion, national or	Equal Opportunity Employer and origin, sex, sexual orientation, maritatived, age or any other area as pre	ıl status, handicap, physical				
Confidentiality						
• • • • • • • • • • • • • • • • • • • •	ion be kept confidential to the degr pplication may be an open record ι					
Signature	Date					
Certification Statement						
persons providing this information acceptable. I certify that all answ misstatements or omissions of material employment in the Village service screening. Further, I understand	personal character or employment from any liability or damages. Phers to questions in this application aterial fact will cause forfeiture on read the Village of Poplar Grove has and agree that my employment is for my wages and salary, be terminated.	otocopies of release are are true and I agree that my ny part of all rights to any a policy of pre-employment drug or no definite period and may,				
Signature	Date					