



Village of Mahomet

503 E. Main Street - P.O. Box 259 - Mahomet, IL 61853-0259
phone (217) 586-4456 fax (217) 586-5696

EMPLOYMENT APPLICATION

INSTRUCTIONS FOR COMPLETING THIS EMPLOYMENT APPLICATION

We welcome you as an applicant for employment for the Village of Mahomet. It is the policy and intent of the Village of Mahomet to provide equal opportunity in employment to all persons. This policy applies to all types of full-time, part-time, temporary, and seasonal employment. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment with the Village of Mahomet.

Please complete the information as requested in this application. Do not submit a resume in place of completing any part of this application, although you are welcome to attach your resume. If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact Human Resources at (217) 586-4456.

Please Print

Today's Date _____

GENERAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Home Telephone Number (_____) _____ Cell Phone Number (_____) _____

E-Mail Address: _____

Are you 18 years or older? Yes No

Are you legally authorized to work in the United States? Yes No

Proof of eligibility documentation must be provided at time of hire as required by law.

EMPLOYMENT DESIRED

Position(s) applied for _____

Full-time Part-time Temporary Seasonal

Specify days and hours available, if part-time _____

How did you learn about us?

Advertisement Employment Agency Friend/Relative Inquiry

Other _____

Date available to start work _____ Salary expectations _____

Have you applied for employment with the Village within the last 12 months? Yes No

Have you ever worked for us before? Yes No

(Please provide your name of record at that time;
job title and dates of employment) _____

EDUCATION

List education if it is related to the job for which you are applying.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Diploma/Degree/Certificate				

MILITARY EXPERIENCE

Do you have United States military experience? Yes No Branch: _____

Date entered: _____ Date discharged: _____

Present military status: _____ Rank at time of discharge: _____

Special skills or training from service: _____

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, status with regard to public assistance, membership or activity in a local commission, disability or age.

MISCELLANEOUS

Has your employment with any employer ever been involuntarily terminated? Yes No

If yes, please identify the employer, date of termination and reason for termination: _____

Valid Driver's License #, (only provide if driving is a requirement for the position for which you are applying): _____

Do you have a valid CDL? Yes No

An Equal Opportunity Employer

EMPLOYMENT HISTORY
(Please start with your present or most recent position)

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity
1.			
2.			
3.			

SIGNATURE

APPLICANT: *Please read the following carefully before signing this application.*

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Village and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and the Village has the right to terminate my employment at any time, for any reason or no reason, with or without notice.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- I understand that an offer of employment may be contingent on approval by the Village of Mahomet Board of Trustees.
- I understand that an offer of employment is contingent upon taking a drug and/or alcohol test in accordance with Village policy, and successfully passing.
- Unless otherwise noted above, I authorize the Village and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide the Village any job-related information, personal or otherwise, they may have regarding me and I release the Village and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Village which will be used to determine if I am qualified to perform the job duties for which I am applying.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

Applicant Signature: _____ Date: _____

If you are 17 years of age or younger, a parental consent has to be signed.

Printed Name of Parent: _____ Parent's Signature: _____