



316 Park Avenue
Clarendon Hills, Illinois 60514
630.286.5430

SAVE TO YOUR COMPUTER PRIOR TO COMPLETING!

Application for Employment

We welcome you as an applicant with the Village of Clarendon Hills. Your application will be considered without regard to race, color, religion, sex, age, national origin, disability, marital status or any other type of discrimination prohibited by law. 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 Clarendon Hills. Please complete the entire application. Incomplete information may result in no consideration for employment. Please print in ink or type your answers.

About You

Name:(Last, First, Middle)_____

Present Address:

Address	City	State	Zip
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Permanent Address:

Address	City	State	Zip
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Phone Number: _____

Email: _____

Is it lawful for you to be employed in this country? ____Yes ____No

If the description of the job you are applying for requires a driver's license, can you provide proof of a valid driver's license? ____Yes ____No

Are you related to any employees or elected official of the Village? ____Yes ____No

If yes, please list the names of the individuals you are related to:

1. _____

Name	Position
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2. _____

Name	Position
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Employment Desired

Position(s) you are applying for (please give job title): _____

Are you available to work the days and hours required as outlined by the job description?

_____ Yes _____ No

Are you currently employed? _____ Yes _____ No

If yes, where, and in what position? _____

May we contact your present employer? _____ Yes _____ No

Indicate the earliest date you can start working: _____

Have you ever worked for the Village of Clarendon Hills? _____ Yes _____ No

If yes, when and in what position: _____

Employment History

Please list your last three employers. Begin with your present or most recent position.

Employer: _____

Employer address: _____

Phone: _____ Your job title: _____

Starting Date: _____ Ending date: _____

The number of hours you worked per week: _____

Your supervisor's name and title: _____

The reason for leaving or looking for a new position: _____

Describe the work you performed: _____



Employer: _____

Employer address: _____

Phone: _____ Your job title: _____

Starting Date: _____ Ending date: _____

The number of hours you worked per week: _____

Your supervisor's name and title: _____

The reason for leaving or looking for a new position: _____

Describe the work you performed: _____

Employer: _____

Employer address: _____

Phone: _____ Your job title: _____

Starting Date: _____ Ending date: _____

The number of hours you worked per week: _____

Your supervisor's name and title: _____

The reason for leaving or looking for a new position: _____

Describe the work you performed: _____



Education Information

G.E.D. ____ Yes ____ No If yes, City and State issued: _____

High School _____
Name/Address _____ #of yrs _____
Diploma?* ____ Yes ____ No

College/University _____
Name/Address _____ #of yrs _____
Diploma?* ____ Yes ____ No Major field of Study _____

College/University _____
Name/Address _____ #of yrs _____
Diploma?* ____ Yes ____ No Major field of Study _____

Trade School/Other _____
Name/Address _____ #of yrs _____
Diploma/Certification? ____ Yes ____ No Major field of study _____

Trade School/Other _____
Name/Address _____ #of yrs _____
Diploma/Certification? ____ Yes ____ No Major field of study _____

*A diploma is defined as certification of successful completion in your field of study.

Please summarize any special job related skills, training, experience, licenses or certifications that you possess:



Job Related References

Please list the names of two people who you have worked with and/or can validate your work experiences.

Name/Position: _____ Employer: _____

What is your relationship? _____

Their Daytime Phone Number: _____

Name/Position: _____ Employer: _____

What is your relationship? _____

Their Daytime Phone Number: _____

Please tell us why you are applying for this position and why you think you would be successful in this job:

Please Read the Following Statement

I certify that the data I have recorded on this application thereto are true and correct. I understand any falsification, misrepresentation, or omission of fact on either this application or its attachments, or during the pre-hire process, will be sufficient reason for 1) not being hired, or 2) separation from employment at any time after date of hire.

I authorize investigation of all information provided in conjunction with my application for employment, including contacting my supervisors, to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the information to you.

My signature below confirms that I have read and understand the above statements.

Signature

Date

Office Use Only

Received by: _____ Date: _____

Routed to: _____ Date: _____

FIREFIGHTER EMPLOYMENT REIMBURSEMENT AGREEMENT

The undersigned, _____ (hereinafter "Employee") hereby acknowledges and agrees to the following:

Employee has applied for employment as a Part Time Firefighter with the Village of Clarendon Hills; The Village of Clarendon Hills will, at the expense of its taxpayers, incur all costs associated with a pre-employment physical exam, drug testing, firefighting training and certification, EMS training and certification, education, uniforms and other firefighter/EMS related equipment on behalf of the Employee.

The training provided could benefit the Employee in both his/her personal and professional life; employee, in advance of his/her employment, and as partial consideration for employment as a firefighter of the Village of Clarendon Hills, agrees to the following:

1. In the event that the employee resigns from the Village of Clarendon Hills Fire Department, or fails to meet established response and training requirements, and such resignation or failure occurs within a three (3) year period from the Employee's date of hire, the Employee will be responsible for and will reimburse the Village of Clarendon Hills for costs associated with the above referenced pre-employment physical exam, drug testing, firefighting training and certification, EMS training and certification, education, uniforms and other firefighter/EMS related equipment, which are not reimbursed to the Village of Clarendon Hills by other agencies.
2. By signing below, I hereby authorize the Village of Clarendon Hills to automatically deduct any money due to the Village of Clarendon Hills as result of this Agreement from my last regular paycheck. In the event that such deductions do not repay the Village of Clarendon Hills In full as required by this Agreement I agree to directly pay the Village of Clarendon Hills for any remaining amounts due and owing within 60 days or under a payment schedule approved by the Village of Clarendon Hills.
3. Should It become necessary for the Village of Clarendon Hills to enforce this Agreement, Employee will reimburse the Village of Clarendon Hills for any and all costs associated with such enforcement, including, but not limited to, reasonable attorneys' fees and costs.
4. Should any portion of this Agreement be ruled invalid by any court of competent jurisdiction, such partial invalidity shall not affect the enforcement and validity of the remainder of this Agreement.
5. This Agreement may only be amended in writing, signed by the Employee and a representative of the Village of Clarendon Hills.
6. This Agreement shall become effective upon acceptance of employment by the Employee.
7. I acknowledge that I have examined this Agreement, that I understand this Agreement, and that I have the right to consult with an attorney of my choice prior to entering into this Agreement.

By Employee: _____ Date: _____

By Village of Clarendon Hills Fire Chief: _____ Date: _____



1 N. Prospect Avenue
Clarendon Hills, Illinois 60514
630.286.5400

AUTHORITY FOR RELEASE OF INFORMATION

Last Name First Name Middle Sex / Race / DOB

Place of Birth (City/ County) State Country Social Security #

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Village of Clarendon Hills (including Clarendon Hills Bank, a branch of Hinsdale Bank & Trust Company), whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background records, efficiency reports, efficiency ratings, complaints or grievances filed by or against me, salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or conviction for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, where so ever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Village of Clarendon Hills and Clarendon Hills Police Department, to consider in determining my suitability for employment with the Village of Clarendon Hills. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly, or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Village of Clarendon Hills. I understand that all materials pertaining to this background investigation become the property of the Village of Clarendon Hills, Clarendon Hills Police Department, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees (including Clarendon Hills Bank, a branch of Hinsdale Bank & Trust Company), from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Must be signed in the presence of a notary:

Subscribed and sworn before me this
_____ day of _____, 20____

Signature

My commission expires _____

Street Address

Notary Signature
Notary Stamp:

City, State and Zip