

Village of Avon

Employment Application

Return Completed Form To:

Village of Avon
P.O. Box 77
Avon, Illinois 61415
(309) 465-3720

PERSONAL INFORMATION

Full Name	_____	Social Security Number	_____
	<i>Last First Middle Initial</i>		
Address	_____	State	_____
	<i>Street/P.O. Box City</i>		<i>Zip</i>
Home Phone	_____	Business Phone	_____
List any other names that you have ever used (including maiden names)	_____		

POSITION

Position Desired	_____
When would you be available to begin employment?	_____
What type of employment do you desire?	Full time _____ Part-time _____ Temporary/Seasonal _____
Would you be willing to relocate your residence to the Village of Avon or the Avon School District if required to do so?	_____
Are you related to <u>ANY</u> Village of Avon employee or to a member of the Village Board?	Yes _____ No _____
If your answer is "Yes", please list the person's name and their relationship to you:	_____

VALID LICENSES, CERTIFICATIONS, ENDORSEMENTS

Do you have a valid drivers license?	_____	State Issued	_____	Class	_____	Expiration Date:	_____
License Number:	_____	Has your drivers license ever been suspended or revoked?	_____				
Do you have a CDL?	_____	State Issued	_____	Class	_____	Expiration Date:	_____
CDL License Number	_____	List Endorsements ("Hazardous Materials" etc.)	_____				
Do you have any other CURRENT professional licenses or certifications of ANY kind (such as plumbing, electrical, mechanical, lifeguard, first aid, water treatment, etc.)? If so please list them here:							

Position Desired _____

Social Security No. _____

EDUCATION

High School _____ City/State _____ Diploma Received? Yes No GED

College & Location _____ Major _____ Units Completed _____ Degree earned _____

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Business, trade school, or apprenticeship _____

Professional license, registration, or certificate; include expiration date _____

Skills in computer, typing, or equipment _____

Languages you are fluent in, other than English (only if required by position): speak read write

EXPERIENCE: List last four positions, beginning with most recent first. Positions with the same employer may be listed separately. If more than four positions are required to establish your qualifications for the job you are applying for you may attach additional sheets of this page. Related volunteer experience may be included. A resume may be attached but may not substitute for completing this application.

Employer Name _____ Address _____ City/State _____

Supervisor Name/Title _____ Telephone _____ May we contact? _____

Your Title _____ Dates Employed (mo/date/yr) _____ To _____ Hours/week _____ Salary \$ _____

Duties _____

Reason for leaving _____

Employer Name _____ Address _____ City/State _____

Supervisor Name/Title _____ Telephone _____ May we contact? _____

Your Title _____ Dates Employed (mo/date/yr) _____ To _____ Hours/week _____ Salary \$ _____

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Your Title _____ Dates Employed (mo/date/yr) _____ To _____ Hours/week _____ Salary \$ _____

Duties _____

Reason for leaving _____

SPECIAL SKILLS, EXPERIENCES, AND ABILITIES

Please list any special skills, experiences, or abilities that you have that could be especially beneficial or useful in the position for which you are applying. (Examples: Can type 70 words per minute. Skilled at operating a backhoe. Formerly employed in a similar position in Paducah, KY from 1991-1998. Worked as a volunteer lifeguard at a daycare center for three years.)

EMERGENCY INFORMATION

Please list the name, phone number, and relationship to you of two persons that we can contact in case of an accident or emergency.

Person's Name	Relationship to You	Phone number(s) where they can be reached
Person's Name	Relationship to You	Phone number(s) where they can be reached

CONVICTIONS/CRIMINAL RECORD

Have you ever been convicted of any violations of the law? Yes _____ No _____ (If the answer is yes, please give the date, place, specific violation and penalty for each conviction below. Your answers will be considered in relation to the position you are applying for. A conviction will not necessarily result in disqualification.)

ANY OTHER INFORMATION YOU WISH TO SHARE

Please use this space to share any additional information which you believe the Village of Avon should know about you as they consider you for possible employment.

AGREEMENT--Please read VERY carefully before signing.

I certify that all the statements made on this application (and/or any statements contained on any resumes or other documents which I am submitting with this application) are complete, accurate, and true to the best of my knowledge. I understand that any misrepresentation or omission of a material fact may be justification for disqualification or termination from employment. If asked to do so, and if current law permits, I agree to undergo any job related physical examination and drug screening upon conditional offer of employment. I fully understand that employment is contingent upon my meeting the Village of Avon's background checks and physical/screening requirements. I authorize the Village of Avon to verify my qualifications, character, and all statements contained on this application with the employers, schools, or persons named on this application, except as specifically noted on this application.

SIGNATURE _____ TODAY'S DATE _____

VILLAGE OF AVON

CRIMINAL HISTORY/BACKGROUND CHECK

*LEGAL NAME _____
Last First Middle

*AKA/ _____
Last First Middle

*ADDRESS _____

*CITY _____ *STATE _____ * ZIP _____

PHONE _____ EMAIL _____

*DATE OF BIRTH _____ *DRIVERS LIC _____ / _____
State Number

*MANDATORY INFORMATION