Application for Employment

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

Name _____

Phone _____ Email: _____

Address _____

City/State/ZIP _____

Position applied for _____ Shift preferred: 1 ☐ 2 ☐ 3 ☐ Any ☐

Special training or skills: (languages, machine operation, etc.) that would benefit you in the job for which you are applying: _____

Would you accept full-time work? Yes ☐ No ☐ Would you accept part-time work? Yes ☐ No ☐

On what date would you be available for work? _____

Have you ever been employed here before? No ☐ Yes ☐ Dates _____

Do you have a legal right to be employed in the U.S.? Yes ☐ (If yes, proof is required.) No ☐

Are you of legal age to work? Yes ☐ No ☐

For Office Use Only

Applicant # _____

Employee # _____

Hire date _____

Position _____

Rate _____

Class _____

Skill _____

Other _____

Notes _____

Attachments

- ☐ Résumé
- ☐ Applicant Reference Check
- ☐ Applicant Interview
- ☐ Payroll Change Notice
- ☐ Employee DataCard

Educational Background

Grammar School:

Name and location _____

Course of study _____ Did you graduate? Yes ☐ No ☐ Degree or diploma _____

High School:

Name and location _____

Course of study _____ Did you graduate? Yes ☐ No ☐ Degree or diploma _____

College:

Name and location _____

Course of study _____ Did you graduate? Yes ☐ No ☐ Degree or diploma _____

Graduate School:

Name and location _____

Course of study _____ Did you graduate? Yes ☐ No ☐ Degree or diploma _____

Vocational, or other, training _____

Name and location _____

Course of study _____ Did you graduate? Yes ☐ No ☐ Degree or diploma _____

Continuing Education: _____

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Previous Employers and Addresses

Place an ☒ by the employer(s) you do not want us to contact. List the most recent employer first

1. Company Name _____ Phone ( ) _____

☐ Contact Name _____

Address _____ Employed From ____/____ (MONTH / YEAR) To ____/____ (MONTH / YEAR)

Position _____ Reason for Leaving _____ Last Wage _____

2. Company Name _____ Phone ( ) _____

☐ Contact Name _____

Address _____ Employed From ____/____ (MONTH / YEAR) To ____/____ (MONTH / YEAR)

Position _____ Reason for Leaving _____ Last Wage _____

3. Company Name _____ Phone ( ) _____

☐ Contact Name _____

Address _____ Employed From ____/____ (MONTH / YEAR) To ____/____ (MONTH / YEAR)

Position _____ Reason for Leaving _____ Last Wage _____

4. Company Name _____ Phone ( ) _____

☐ Contact Name _____

Address _____ Employed From ____/____ (MONTH / YEAR) To ____/____ (MONTH / YEAR)

Position _____ Reason for Leaving _____ Last Wage _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTEO BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, ANO I UNOERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE OISCOVEREO, MY APPLICATION MAY BE REJECTEO, ANO IF I AM EMPLOYEO, MY EMPLOYMENT MAY BE TERMINATEO AT ANY TIME.

IN CONSIOERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATEO, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTANO ANO AGREE THAT THE TERMS AND CONOITIONS OF MY EMPLOYMENT MAY BE CHANGEO, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNOERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOO OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature _____ Date _____

This Application for Employment has been prepared for general use throughout the United States. Neither HRdirect nor its counsel or advisors assume any responsibility for the inclusion in the Application for Employment of any questions which may violate local, State, or Federal laws. Users should consult their own legal counsel about any questions they may have concerning this form or its use.

AUTHORIZATION/RELEASE

I, authorize and empower the Village of Bridgeview Personnel Board and/or the Village of Bridgeview, any consumer reporting agency, or other outside service company engaged by said Village of Bridgeview Personnel Board or Village of Bridgeview for this purpose, no or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items. I do hereby authorize any representative of the Village of Bridgeview Personnel Board/Village of Bridgeview, or any agent, employee or outside entity employed by same bearing this Authorization/Release to obtain any information in your files pertaining to my employment records and direct you to release such information upon request of the bearer. I also 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 Bridgeview Personnel Board or Village of Bridgeview, whether said records are of public, private or confidential nature. The intent of this Authorization/Release is to give my consent for full and complete disclosure. This Authorization/Release is not to include any medically related history or Workers Compensation Act or Workers Occupational Diseases Act claims.

I consent to your release of any and all public and private information that you may have concerning me for the following- employment and pre-employment information, including but not limited to, background reports and efficiency/performance ratings, attendance records, but excluding information relating to medical conditions and medical history- any Internal Affairs investigation and discipline, including any files deemed to be confidential and/or sealed, complaints or grievances filed by or against me – personal background reputation – military service records – educational records – financial and/or credit records including loans, commercial and retail credit agencies (including credit reports and/or rating) – any and all records maintained by any criminal justice or corrections agency including incident reports, arrest records, traffic citations and criminal history information.

For and in consideration of the Village of Bridgeview Personnel Board/Village of Bridgeview's acceptance and processing of my employment application, I agree to hold the organization, its agents and employees harmless from any and all claims and liability associated with my employment application or in any way connected with the decision whether or not to employ me with the Village of Bridgeview, including any liability or damage pursuant to any state or federal laws.

I also understand that by signing this Authorization/Release, I specifically waive any written notice to me of the disclosure of any disciplinary report, letter of reprimand, or other disciplinary action, as required by the Illinois Personnel Records Review Act, 820 ILCS 40/7(a). Photocopy/fax copy of this Authorization/Release will be valid as the

original thereof, even through said photocopy/ fax does not contain original writing of my signature. Should there be any questions as to the validity of this Authorization/Release, you may contact me at the address listed below.

I further understand that I waive any right or opportunity to read or review any and all information provided in the background investigation report prepared by or at the request of the Village of Bridgeview (including the Personnel Board), or its attachments, and that all information and documents provided to the Village of Bridgeview Personnel Board or Village of Bridgeview become the property of the Village of Bridgeview and Bridgeview Personnel Board 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/employees, from and against all claims, damages, losses and expenses, including reasonable attorneys fees arising out of or by reason of complying, or attempt to comply with this request.

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose.

_____
Date

_____
X

_____
Drivers License

_____
Name (First, Middle Initial, Last)

_____
Social Security Number

_____
Date of Birth

_____
Address

_____

_____
Daytime Phone Number

_____
Date

_____
X (Witness)

ATTACHMENT

STATEMENT OF PURPOSE
FOR COLLECTION OF SOCIAL SECURITY NUMBERS
BY THE VILLAGE OF BRIDGEVIEW

The Identity Protection Act, 5 ILCS 179/1, *et seq.*, and the Identity-Protection Policy of the Village of Bridgeview ("Village") require the Village to provide an individual with a statement of the purpose or purposes for which the Village is collecting and using the individual's Social Security number ("SSN") anytime an individual is asked to provide the Village with his or her SSN or if an individual requests it. This Statement of Purpose is being provided to you because you have been asked by the Village to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

To obtain information on your current and former employment and for background reports.

What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected.

We will not:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
- Publicly post or publicly display your SSN;
- Print your SSN on any card required for you to access our services;
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you. If mailed, your SSN will not be visible without opening the envelope in which it is contained.

Questions or Complaints about this Statement of Purpose

Write to: Village of Bridgeview
Attn: John C. Altar, Village Clerk
7500 South Oketo Avenue
Bridgeview, IL 60455