



**Application for Employment  
Village of Oak Brook  
(an Equal Opportunity Employer)**

please  
print in ink  
or type

Return to:  
**Village of Oak Brook  
HR Department  
1200 Oak Brook Road  
Oak Brook IL 60523-2255  
630.990.3000**

Position applied for:

Full time     Part time     Seasonal

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date: \_\_\_\_\_

**Personal Data**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work/School phone: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have you been employed by the Village of Oak Brook before?     Yes     No

Are you lawfully permitted to become employed in this country?     Yes     No

Are you 18 years or older?     Yes     No

Have you ever been convicted of a felony?     Yes     No

If the job for which you are applying requires a driver's license:

Can you provide proof of possessing a valid license?     Yes     No

Do you have a valid CDL?     Yes     No

**Education Information**

Circle highest grade completed:    <6    7    8    9    10    11    12    GED    College:    1    2    3    4    5

Name of last high school attended: \_\_\_\_\_

City & State: \_\_\_\_\_

Name of last college attended: \_\_\_\_\_

City & State: \_\_\_\_\_

Major field of study: \_\_\_\_\_ Degree: \_\_\_\_\_

List any specialized training, apprenticeship, skills and extra-curricular activities that might relate to this position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any licenses or certificates you possess: \_\_\_\_\_

\_\_\_\_\_

---

## Referral Source

Please indicate how you heard about the position for which you are applying:

- Classified ad - which newspaper? \_\_\_\_\_  Cable TV  
 Village employee - please name \_\_\_\_\_  Website

---

## Employment History

**\*\*begin with your present or most recent position\*\***

You are encouraged to submit a personal resume in addition to this application, if you so desire.

**Employer:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Your job title: \_\_\_\_\_ Describe the work you performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your present employer?  Yes  No

**Employer:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Your job title: \_\_\_\_\_ Describe the work you performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Your job title: \_\_\_\_\_ Describe the work you performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

## References

List three persons, not related to you and not former employers, who have known you for a period of time, preferably more than five years.

**Name:** \_\_\_\_\_ Years known: \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

**Name:** \_\_\_\_\_ Years known: \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

**Name:** \_\_\_\_\_ Years known: \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

---

## Authorization

I hereby certify that the statements given herein are true and complete to the best of my knowledge and belief and that any false or misleading statements or misrepresentations, as stated or implied, on this application or any other employment forms or during any interview may be sufficient reason to prevent my employment and may be cause for dismissal if hired.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Village of Oak Brook's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Village of Oak Brook.

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

My signature below confirms I have read, understand and agree with the above statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_