

ORLAND TOWNSHIP

Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		E-mail Address			
Cell Phone					
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Employment desired:		FT <input type="checkbox"/>		PT <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
Are you currently employed?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
		If so, when?			
Have you ever filed an application here before?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
		If so, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
		If yes, explain			

Sealed Record Notice

Applicants having sealed conviction records on file with the Commission of Probation may answer "no" to the following:

Within the past five years, have you been convicted of a misdemeanor: YES NO

If yes, please explain _____

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Graduate School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Business or Trade School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Professional School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

COMPUTER SKILLS*Check off those computer skills with which you are proficient (any version)*

PC User Macintosh User Windows Microsoft Word Microsoft Excel
 Microsoft Access Microsoft Publisher E-Mail Internet Web Page Design
 Other Please List _____

DRIVER'S LICENSE INFORMATIONDo you have a driver's license? Yes No

Driver's License number _____ State of issue _____

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____Have you had any moving violations during the past three years? Yes No How many? _____**REFERENCES**

Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

OTHER SPECIAL SKILLS / AWARDS / ACTIVITIES

Please list other special skills you may have or awards/recognitions you have received or activities you participate in.

REFERRAL SOURCENewspaper Friend Relative Employment Agency Walk-In **DISCLAIMER AND SIGNATURE**

Applicants are considered for all positions, and employees are treated during employment without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

I understand that I may also be required to undergo a pre-employment medical and/or vision examination by the Orland Township's health practitioner.

I understand that I may be subject to a background check and authorize Orland Township to investigate my background to determine any and all information of concern as to my record. A negative background check can be grounds for immediate dismissal, even if an offer has been made to me and I have been hired.

Orland Township is hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, and criminal records. I authorize the release of this information by the appropriate agencies to Orland Township. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date