

APPLICATION FOR EMPLOYMENT

Park Ranger

Village of Bourbonnais is an equal opportunity employer. Village of Bourbonnais does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other legally protected status.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

| Name Date |
|--|
| Address |
| E-mail Address |
| Home Phone # Mobile Phone # |
| Are you eligible to work in the U.S?YesNo |
| Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) YesNo |
| Have you ever been terminated from employment or asked to resign by an employer? YesNo |
| f yes, please provide company names and details |
| Can you work any shift?YesNo If no, explain: |
| Can you work weekends?YesNo |
| Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?YesNo |
| EMPLOYMENT DESIRED |
| Date you can startHourly rate/Salary desired |
| Position desired |
| Are you currently employed? If so may we inquire of your present employer? |
| REFERRAL SOURCE |
| How did you hear about us? Radio Newspaper Social Media E-News Referral Other |
| Do you know anyone who works for our company? Yes No |
| f yes, who? |

| EDUCATION | Name and location of school | Degree Received | Subjects studied/Major |
|------------------------------------|-----------------------------|--------------------|---------------------------|
| High School | | | |
| College or University | | | |
| Trade, Business or Other School | | | |

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

| From | То | Employer Name | Telephone | |
|--------------------------------|------|---|-----------|--|
| Job Title | | Address | | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | | |
| | | | | |
| Reason for leav | /ing | | | |
| From | То | Employer | Telephone | |
| Job Title | | Address | | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | | |
| | | | | |
| Reason for leav | /ing | | | |
| From | То | Employer | Telephone | |
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| Reason for leav | /ing | | | |
| From | То | Employer Name | Telephone | |
| Job Title | | Address | | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | | |
| | | | | |
| Reason for leav | /ing | | | |

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

| Name | Address, Phone, Email | Company | Years Acquainted |
|------|-----------------------|---------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

APPLICANT'S STATEMENT - Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Village of Bourbonnais to hire me. If I am hired, I understand that either Village of Bourbonnais or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Village of Bourbonnais has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Village of Bourbonnais true and complete information on this application. No requested information has been concealed. I authorize Village of Bourbonnais to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.