



FOR OFFICE USE ONLY
Position: _____
Date of Hire: _____
Rate: _____

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

Name (First, MI, Last)	If you are under the age of 18, please list your age
Address	City, State, Zip Code
Home Phone	Cell Phone
Email Address	Do you have a Driver's License? Yes ___ No ___ Do you have a special license class Yes ___ No ___

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Were you previously employed by DuPage Township? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and what position: \_\_\_\_\_

What is the earliest date you are available to start work? \_\_\_\_\_

How did you hear about the position for which you are applying? \_\_\_\_\_

## EDUCATION

School Name	Address	Years Completed	Did you Graduate?	Major/Degree



## WORK EXPERIENCE

Please list all work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company Name	Name of last supervisor
Address of company	City, state, zip code
Phone number	Job title
Start date	End date
May we contact this employer?	Reason for leaving?

List the jobs that you held, duties performed, skills used or learned:

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List any additional skills that pertain to the job in which you are applying:

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List any organizations, clubs, or civic groups that you belong to/volunteer for:

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### **REFERENCES**

Your list of references should include professional connections who can attest to your qualifications for the job.

Name	Address	Phone Number	Profession

PLEASE NOTE: *It is important that you complete all parts of this application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company may be terminated.*

Signature:	Date:
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