



# APPLICATION for EMPLOYMENT

City Hall Phone: 708-788-2660  
City Hall Fax: 708.788.2567  
Berwyn Police Fax: 708.788.3813

City of Berwyn • 6700 W. 26th St. • Berwyn, IL 60402 • www.berwyn-il.gov

**Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.**

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone # ( ) \_\_\_\_\_ Cellular/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ PM \_\_\_\_\_ AM  Home  Cellular/Other

May we contact you at work?  Yes  No If **yes**, work number and best time: \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_  Yes  No

If **no**, please explain \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_  Yes  No

If **yes**, when: \_\_\_\_\_

Have you been employed here before?  Yes  No If **yes**, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have adequate and reliable transportation to and from work? \_\_\_\_\_  Yes  No

Have you entered into an agreement with any former employer or other party (such as noncompetition agreement) that might, in any way, restrict your ability to work for our city? \_\_\_\_\_  Yes  No

If **yes**, please explain \_\_\_\_\_

Have you ever been terminated or asked to resign from a job? \_\_\_\_\_  Yes  No

If **yes**, when/where, why: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_  Yes  No

If **yes**, indicate date and nature of crime and date of completion of sentence: \_\_\_\_\_

*(Note: You are not required to disclose a record of conviction that has been expunged or sealed. Additionally, conviction alone will not result in disqualification for employment. We look at all of the circumstances involved in the crime, including timing of offense, nature of duties applied for, and other job related factors).*

If **yes**, explain in detail listing reason(s), date(s), and location(s) in the comments section.

Note: Answering "Yes" does not constitute an automatic bar to employment.

Are you legally eligible to work in this country? (Proof will be required if hired) \_\_\_\_\_  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired rate of pay? \$ \_\_\_\_\_ per \_\_\_\_\_

Employment desired:  Full-Time  Part-Time  Educational Co-Op  Seasonal  Temporary

Will you travel if the job requires it? \_\_\_\_\_  Yes  No Will you relocate if the job requires it? \_\_\_\_\_  Yes  No

## EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information

EMPLOYER	TELEPHONE # (      )	DATES EMPLOYED: MONTH / YEAR TO MONTH / YEAR
STREET ADDRESS		CITY STATE
STARTING JOB TITLE		FINAL JOB TITLE
IMMEDIATE SUPERVISOR AND TITLE (FOR MOST RECENT POSITION HELD)		May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
WHY DID YOU LEAVE?		E-MAIL:
SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES.		
		<b>COMPENSATION (STARTING)</b>
		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ PER
		COMMISSION/BONUS/OTHER COMPENSATION \$
		<b>COMPENSATION (FINAL)</b>
		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ PER
		COMMISSION/BONUS/OTHER COMPENSATION \$

EMPLOYER	TELEPHONE # (      )	DATES EMPLOYED: MONTH / YEAR TO MONTH / YEAR
STREET ADDRESS		CITY STATE
STARTING JOB TITLE		FINAL JOB TITLE
IMMEDIATE SUPERVISOR AND TITLE (FOR MOST RECENT POSITION HELD)		May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
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		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ PER
		COMMISSION/BONUS/OTHER COMPENSATION \$
		<b>COMPENSATION (FINAL)</b>
		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ PER
		COMMISSION/BONUS/OTHER COMPENSATION \$

EMPLOYER	TELEPHONE # (      )	DATES EMPLOYED: MONTH / YEAR TO MONTH / YEAR
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		<b>COMPENSATION (FINAL)</b>
		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ PER
		COMMISSION/BONUS/OTHER COMPENSATION \$

## EMPLOYMENT HISTORY (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job? . . . . .  Yes  No

If **yes**, please explain: \_\_\_\_\_

## SKILLS and QUALIFICATIONS

Summarize any job related special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills *(Check appropriate boxes. Include software titles and years of experience.)*

- WORD PROCESSING \_\_\_\_\_ YEARS: \_\_\_\_\_  INTERNET \_\_\_\_\_ YEARS: \_\_\_\_\_
- SPREADHSEET \_\_\_\_\_ YEARS: \_\_\_\_\_  OTHER \_\_\_\_\_ YEARS: \_\_\_\_\_
- PRESENTATION \_\_\_\_\_ YEARS: \_\_\_\_\_  OTHER \_\_\_\_\_ YEARS: \_\_\_\_\_
- E-MAIL \_\_\_\_\_ YEARS: \_\_\_\_\_  OTHER \_\_\_\_\_ YEARS: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

SCHOOL (INCLUDE CITY AND STATE)	YEARS COMPLETED	COMPLETED	GPA CLASS RANK	MAJOR/MINOR
		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> DEGREE _____ <input type="checkbox"/> CERTIFICATION _____ <input type="checkbox"/> OTHER _____		
		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> DEGREE _____ <input type="checkbox"/> CERTIFICATION _____ <input type="checkbox"/> OTHER _____		
		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> DEGREE _____ <input type="checkbox"/> CERTIFICATION _____ <input type="checkbox"/> OTHER _____		
		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> DEGREE _____ <input type="checkbox"/> CERTIFICATION _____ <input type="checkbox"/> OTHER _____		

## REFERENCES

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.

If not applicable, list three school or personal references who are **not** related to you.

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE	E-MAIL	# OF YEARS KNOWN

## RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

*Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.*

Is there any other job-related information you would like us to know about you? \_\_\_\_\_

## APPLICANT STATEMENT

*I certify that all information provided in order to apply for and secure work with this employer is true, complete and correct.*

*I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (professional and personal), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.*

*I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.*

*I understand that this application is current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply by filling out a new application.*

*I understand that if hired, with or without cause and with or without prior notice, I am free to resign at any time, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law or pursuant to a collective bargaining agreement, if applicable. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless in writing and signed by the employer's president.*

*I also understand that if hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws required me to complete an I-9 Form in this regard.*

***This Employer does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, pregnancy, sexual orientation or sexual preference, or any other protected status under applicable federal, state, or local law. This employer likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, pregnancy, sexual orientation or sexual preference, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Employer takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.***

*I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) eliminate me from further consideration for employment or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.*

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_