

# NORTHFIELD TOWNSHIP ROAD DISTRICT APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, or marital status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		
Illinois Drivers License Number		CDL <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship may be required.  Yes  No

On what date would you be available for work?  Yes  No

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

## Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
<b>School Name and Location</b>				
<b>Years Completed (circle one)</b>	<b>4 5 6 7 8</b>	<b>9 10 11 12</b>	<b>1 2 3 4</b>	<b>1 2 3 4</b>
<b>Dates Attended</b>				
<b>Diploma/ Degree</b>				
<b>Describe Course of Study</b>				
<b>Describe any specialized training, apprenticeship, skills and extra-curricular activities.</b>				
<b>Describe any honors you have received.</b>				
<b>State any additional information you feel may be helpful to us in considering your application.</b>				

<b>Indicate any foreign languages you can speak, read and/or write</b>			
	FLUENT	GOOD	FAIR
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

**List professional, trade, business or civic activities and offices held.**

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

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# References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

Have you ever had any job-related training in the United States military?  Yes  No

If Yes, please describe: \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>1. Employer</b>	<b>Dates Employed</b>			<b>Work Performed</b>
	From	To		
Address				
Telephone Number(s)	<b>Hourly Rate/Salary</b>			
	Starting	Final		
Job Title <span style="float: right;">Supervisor</span>				
Reason For Leaving				
<b>2. Employer</b>	<b>Dates Employed</b>			<b>Work Performed</b>
	From	To		
Address				
Telephone Number(s)	<b>Hourly Rate/Salary</b>			
	Starting	Final		
Job Title <span style="float: right;">Supervisor</span>				
Reason For Leaving				

<b>3.</b> Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title                      Supervisor			
Reason For Leaving			
<b>4.</b> Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title                      Supervisor			
Reason For Leaving			
<b>5.</b> Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title                      Supervisor			
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

**Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I hereby acknowledge that any employment relationship with the Township Road District is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Highway Commissioner of the Township Road District.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

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## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview:  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Interviewer: \_\_\_\_\_

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

Employed  Yes  No Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_ Authorized By: \_\_\_\_\_

