VILLAGE OF LANSING, IL
DEPARTMENT OF HUMAN RESOURCES
3141 RIDGE ROAD
LANSING, IL 60438
Tel: (708) 895-7176
Fax: (708) 895-6878

POSITION FOR WHICH YOU ARE APPLYING:		For Employees Only: Transfer ☐ Reemploy ☐

Check **all** that you may be interested in: Full-Time ☐ Part-time ☐ Job-Share: ☐

Last Name	First Name	Middle Initial
Mailing Address	City	County

State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address

Driver's License #	State	Expiration Date	☐ Operators (Private Vehicle) ☐ CDL (copy needed of license & medical card)	License Class _____ Endorsement _____

Are you claiming Veteran's Preference? (Attach a copy of DD214 and/or service connected disability)	☐ Yes ☐ No
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). *Nature of Offense* *Name & Location of Court* *Date of Conviction*	**(Inaccurate information here will result in disqualification.)** ☐ Yes ☐ No
Are any of your educational or employment records found under a different last name? If yes, please give the last name. *Previous Last Name*	☐ Yes ☐ No
Have you ever been employed by the Village of Lansing? If yes, please give: *Department/Division*	☐ Yes ☐ No
Are you a former employee of the Village of Lansing? If yes please give: *Last Date(s) of Employment* *Department / Division*	☐ Yes ☐ No
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. *Employer* *Date and Reason*	☐ Yes ☐ No
Do you have any relatives working for the Village of Lansing? If yes, please complete the following: (Continue listing relatives on a separate page if necessary) *Name* *Relationship* *Department*	☐ Yes ☐ No
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.	☐ Yes ☐ No
Do you now hold or are you a candidate for an elective public office?	☐ Yes ☐ No

References

Name	Telephone Number

For Office Use Only:
Date and Time Received

Accepted by: [ ]

EDUCATION AND TRAINING

ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one)	Did you graduate from High School or obtain a GED?	Name and Location of Last School Attended (High School, Junior High or Elementary)
☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12	☐ YES ☐ NO	Name: _____ Location: _____

Indicate the **number** of courses completed in each subject: ____ algebra ____ biology ____ bookkeeping

____ calculus ____ geometry ____ trigonometry

RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

*****Must be from a recognized accredited school - Bring original transcript with initial application*****

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Credit Hours		Type of Degree Earned (e.g.BA/BS)	Major	Minor
	From	To	Semester	**OR** Quarter			

Major **Undergraduate** College Subjects	Credit Hours		Major **Graduate** College Subjects	Credit Hours	
	Semester	OR Quarter		Semester	OR Quarter

RELATED LICENSES (provide current original)

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

SKILLS

☐ Access	☐ Accounting	☐ Shorthand	☐ Excel/Lotus	☐ Other software	Languages spoken and written FLUENTLY
☐ ORACLE	☐ MIS	☐ 10-Key	☐ Word/WordPerfect	_____	_____
☐ Mainframe		☐ Typing ____wpm	☐ PowerPoint	_____	_____

Also include specific software experience in your job descriptions.
Ask about PC skills exams and provide certificates of courses completed.

EMPLOYMENT HISTORY

May we contact your present employer? YES ☐ NO ☐

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Reason for Leaving				
Title of Position Held		Number & Job Title of Employees you Supervised		

Describe job responsibilities in order of importance:

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Reason for Leaving				
Title of Position Held		Number & Job Title of Employees you Supervised		

Describe job responsibilities in order of importance:

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Reason for Leaving				
Title of Position Held		Number & Job Title of Employees you Supervised		
Describe job responsibilities in order of importance:				

4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Reason for Leaving				
Title of Position Held		Number & Job Title of Employees you Supervised		
Describe job responsibilities in order of importance:				

5	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

6	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

7	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give the Village of Lansing the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to the Village of Lansing by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with the Village of Lansing and does not obligate the Village of Lansing to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal**. Candidates selected for hire must pass a physical and drug screen prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. The Village of Lansing is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of the Village of Lansing records and will not be returned, reused or copied for me once submitted. I am also aware that my application is subject to the Illinois open records law and may be released as a public document.

By my signature, I certify, authorize and acknowledge the above statements.

Signature Date

(Unsigned applications will not be considered)