

Employment Application Village of Bradley Telecommunicator

Please complete all sections of this application. Accuracy is very important. Your application will be considered without regard to race, color, religion, sex, age, national origin, handicap, disability, marital status or any other factor prohibited by law. All information contained in, or connected with the application will be kept confidential and released only to those departments or agencies for which you give your written permission,

All statements in this application are subject to verification, and any statement found to be false, is grounds for denial of consideration.

PERSONAL INFORMATION

Name (Last)

(First)

(Middle)

List all other names or aliases you have used, or by which you have been known. Include maiden name:

Present Street Address:

City, State, Zip Code & County:

Main Telephone:

Social Security Number:

Date of Birth

E-mail Address

Place of Birth: _____

Gender: Male Female

With whom do you live at the above address? List name(s) and relationships:

FAMILY PROFILE

List every member of your family who is still living. Include father, mother, brothers and sisters.

Name

Relationship

Date of Birth

Address, City, State

Occupation

Employment Application
Village of Bradley Telecommunicator

EMPLOYMENT HISTORY

Dates of Employment: From: _____ to: _____ Position(s) Held: _____

Company Name: _____, Address: _____

City: _____, State: _____, Zip Code: _____

Phone: _____, Supervisor: _____, Title: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From: _____ to: _____ Position(s) Held: _____

Company Name: _____, Address: _____

City: _____, State: _____, Zip Code: _____

Phone: _____, Supervisor: _____, Title: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From: _____ to: _____ Position(s) Held: _____

Company Name: _____, Address: _____

City: _____, State: _____, Zip Code: _____

Phone: _____, Supervisor: _____, Title: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Employment Application
Village of Bradley Telecommunicator

ALCOHOL, ILLEGAL DRUG USE AND GAMBLING

Are you currently now abusing or excessively using alcohol? Yes No

Do you currently use illegal drugs? Yes No

Are you currently now excessively gambling? Yes No

EDUCATIONAL HISTORY

List the schools you have attended and provide the other requested information.

High Schools:

<i>Name and address of school(s)</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Graduated?</i>	<i>Dates attended</i>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Colleges:

_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

DRIVING HISTORY

Do you possess a valid Driver's License from the State of Illinois? Yes No

<i>License Number</i>	<i>Date of Expiration</i>
_____	_____

As a driver, have you ever been involved in a traffic accident? Yes No

If yes, please explain: include date, location and nature of the accident (personal injury, property damage, etc.);

Have you ever been refused a driver's license or chauffeur's license by any State? Yes No

Have you ever had a driver's license or chauffeur's license in any other State? Yes No

Has your license ever been suspended, revoked or placed on probation? Yes No

Employment Application
Village of Bradley Telecommunicator

RESIDENCES

List your addresses for the last ten years, starting with present address first.

<i>Address (City, State, Zip Code)</i>	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

MILITARY SERVICE

Have you ever served in any branch of the United States Armed Forces? Yes No

If "Yes" please continue:

<i>Branch</i>	<i>Rank at Discharge</i>
_____	_____

Periods of Active Service (Month/Day/Year)

From: _____ To: _____

At the time of discharge, what type of discharge did you receive?

Are you now or were you ever a member of the U.S. Reserve Forces? Yes No

Active Inactive

<i>Branch</i>	<i>Unit</i>	<i>Rank</i>
_____	_____	_____

Location *Periods of Active Service (Month/Day/Year)*

_____ / From: _____ To: _____

Are you now or were you ever a member of the National Guard? Yes No

<i>Regiment</i>	<i>Unit</i>	<i>Rank</i>
_____	_____	_____

Location *Periods of Active Service (Month/Day/Year)*

_____ / _____ / From: _____ To: _____

Employment Application
Village of Bradley Telecommunicator

CRIMINAL HISTORY

Have you ever been convicted of a felony?

Yes No

If "Yes", provide conviction details:

Date	Jurisdiction (County/State)	Offense(s)	Court/Case Number
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Details: _____

Have you ever been convicted of any of the following crimes as either misdemeanors or felonies?

- | | | |
|--|------------------------------|-----------------------------|
| 1) Homicide | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Manslaughter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Robbery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Burglary | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Fraud | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Kidnapping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Forgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Money Laundering | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9) Indecent Solicitation of a child | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10) Criminal Sexual Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11) Criminal Sexual Assault | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12) Aggravated Criminal Sexual Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13) Aggravated Criminal Sexual Assault | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature

Date