



APPLICATION FOR EMPLOYMENT
VILLAGE OF NEW BADEN
 1 EAST HANOVER STREET
 NEW BADEN, IL 62265
 (618) 588-3813 FAX (618) 588-7105
 www.newbadenil.com

Please answer all questions and print clearly. Do not leave any blanks.

Name:			Office Use:		
Last	First	Middle			
Address:					
Number	Street	City	State	Zip Code	
Phone No.: Daytime ()		Evening ()		Email:	
Position Applied For: _____			Today's Date:		Date Available:
Are you seeking Full or Part Time:			Expected Salary:		
Referred by:	Advertisement _____	Walk-in _____	Friend _____	Relative _____	Other _____

Please answer the following questions by marking "X" in the Yes / No Column.

	YES	NO
Have you previously been employed by the Village of New Baden? If yes, when? From: _____ to _____		
Have you previously submitted an application to us? If yes, was it within the last 3 months? _____		
Are you currently employed?		
If yes, may we contact your present employer?		
Are you currently on "lay-off" status and subject to recall?		
Since some laws restrict the employment of those persons under the age of 18, can you provide proof of eligibility to work?		
Are you prevented from lawfully becoming employed in the United States because of your Visa or Immigration status? Under federal law, proof of citizenship or immigration must be provided upon employment.		

Note that because the Village of New Baden employs police officers, emergency medical personnel, and persons who might come in direct contact with youth, during any interview the Village may ask questions regarding arrests and convictions for specific offenses that could disqualify an applicant from employment in specific positions, either because of the Village's own policy, or because of State or Federal laws.

The Village of New Baden considers applicants for employment without regard to race, color, religion, sex, national origin, citizenship status, ancestry, age, order of protection status, marital status, physical or mental disability, arrest record, military status, sexual orientation, and unfavorable discharge from military service, or any other legally protected status.

EMPLOYMENT EXPERIENCE

List at least your last five (5) positions of employment, plus any others in order to list, at a minimum, all employment held within the last ten (10) years. Start with the most recent position at the top. Include job-related military service assignments. Exclude any employment that might indicate protected status. Attach additional sheets if necessary.

Employer:	Phone: ()
Address:	Dates Employed: From to
City, State, Zip:	
Supervisor:	Job Title:
Duties and Responsibilities:	Hourly Rate of Pay: (Beginning / Ending) /
Reason for leaving:	
<hr/>	
Employer:	Phone: ()
Address:	Dates Employed: From to
City, State, Zip:	
Supervisor:	Job Title:
Duties and Responsibilities:	Hourly Rate of Pay: (Beginning / Ending) /
Reason for leaving:	
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Supervisor:	Job Title:
Duties and Responsibilities:	Hourly Rate of Pay: (Beginning / Ending) /
Reason for leaving:	

EDUCATION & TRAINING

	Name and Address of School	Field of Study	Diploma / Degree
High School			
Technical School			
Undergraduate College			
Graduate College			
Other Job Related Training			
Other Job Related Training			

Indicate with a ✓ those specific skills listed below with which you have actual experience.

- | | | | | |
|---|--|--|-------------------------------------|---|
| <input type="checkbox"/> Use of a PC | <input type="checkbox"/> MS Word | <input type="checkbox"/> MS Excel | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Desktop Publishing (_____) |
| <input type="checkbox"/> Accounting Software (specify: _____) | <input type="checkbox"/> 10 Key Calc by Touch | <input type="checkbox"/> Multi-line phone System | | |
| <input type="checkbox"/> Lobby Reception | <input type="checkbox"/> Customer Service Experience | <input type="checkbox"/> Money Handling Experience | | |
| <input type="checkbox"/> Valid Driver's License (class: _____) | <input type="checkbox"/> EMT License (State/Number: ____ / _____) | | | |
| <input type="checkbox"/> Firearms Certification (specify: _____) | <input type="checkbox"/> EMT-P License (State/Number: ____ / _____) | | | |
| <input type="checkbox"/> Part-time Police Academy (PTB#: _____) | <input type="checkbox"/> Advanced Cardiovascular Life Support (ACLS) Certification | | | |
| <input type="checkbox"/> Full-time Police Academy (PTB#: _____) | <input type="checkbox"/> International Trauma Life Support (ITLS) Certification | | | |
| <input type="checkbox"/> Law Enforcement Agencies Data System (LEADS) Cert. | <input type="checkbox"/> Prehospital Trauma Life Support (PHTLS) Certification | | | |
| <input type="checkbox"/> Breath Analyzer Operator Certification | <input type="checkbox"/> Pediatric Advanced Life Support (PALS) Certification | | | |
| <input type="checkbox"/> Juvenile Officer Certification | <input type="checkbox"/> Cardio Pulmonary Resuscitation (CPR) Certification | | | |
| <input type="checkbox"/> Crisis Intervention Team (CIT) Certification | <input type="checkbox"/> Automated External Defibrillator (AED) Certification | | | |
| <input type="checkbox"/> Vehicle Extrication Training | <input type="checkbox"/> Other (specify: _____) | | | |
| <input type="checkbox"/> Defensive / Emergency Driver Training | | | | |

Describe any other current licensing, certifications or skills you possess that might be helpful in this job.

REFERENCES & ADDITIONAL INFORMATION

Please provide the information requested below for three (3) persons who are unrelated to you but who can respond to questions about your knowledge, skills, abilities, and on-the-job performance.

Do not list the supervisors who are already listed on Page 2.

Name:	Phone: ()	Years Acquainted:
Address:	City, State, Zip:	
Business or Occupation:		

Name:	Phone: ()	Years Acquainted:
Address:	City, State, Zip:	
Business or Occupation:		

Name:	Phone: ()	Years Acquainted:
Address:	City, State, Zip:	
Business or Occupation:		

Make any additional comments you feel would be helpful in our review of your application.

I certify that the answers given herein are true and complete to the best of my knowledge, and I authorize investigations of all statements contained in this application, with the exception of contacting my present employer if I have so indicated on Page 1.

I acknowledge that this application, if unsolicited by the Village of New Baden, will be considered active for a period of ninety (90) days, after which I must submit a new application in order to be considered for any positions of employment opening after that time.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with the Village of New Baden, if hired, my employment relationship with the Village of New Baden is considered "employment at will", which means that I may resign at any time and the Village of New Baden may discharge me at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically executed by the Board of Trustees of the Village of New Baden

If I should become employed by the Village of New Baden, I understand that any false or misleading information provided by me on this application or during any subsequent interview may result in discharge.

Signature of the applicant Date

(If this application is completed and returned electronically, it must be signed at time of interview.)