



Bill G. Hintz – Village President  
106 1st Avenue – P.O. Box 426  
Carbon Cliff, Illinois 61239-0426  
Karen L. Hopkins – Village Clerk  
Phone: (309) 792-8235

**Employment Application**  
An Equal Opportunity / Affirmative Action Employer

**APPLICANT INFORMATION**

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment / Unit / P.O. Box #

\_\_\_\_\_ City State ZIP Code

Home Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Cell phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date (Optional): \_\_\_\_\_

Emergency Contact: (Name / Phone) \_\_\_\_\_

**Citizenship:** I certify that I am either:  
 a U.S. Citizen  
 a non-citizen with permanent work authorization; or  
 a non-citizen with a renewable work authorization  
*If hired, you will be required to complete the Employment Eligibility Verification form (INS Form I-9) and present for review documentation evidencing employment authorization in the United States.*

Have you ever been convicted of a felony?  YES  NO

If yes, explain: \_\_\_\_\_

*Under Illinois law, job applicants are not obligated to disclose sealed or expunged records of conviction or arrest.*

**POSITION DESIRED**

Position Applied for \_\_\_\_\_

Desired Salary/Wages: \$ \_\_\_\_\_ Date you can start: \_\_\_\_\_

Have you ever **worked** for the Village of Carbon Cliff?  YES  NO

If yes, when? \_\_\_\_\_

Have you ever **applied** to the Village of Carbon Cliff before?  YES  NO

If yes, when? \_\_\_\_\_

Are you employed now?  YES  NO May we question your current employer?  YES  NO

## EMPLOYMENT HISTORY

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title / Responsibilities: \_\_\_\_\_

Ending Salary/Wages: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title / Responsibilities: \_\_\_\_\_

Ending Salary/Wages: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title / Responsibilities: \_\_\_\_\_

Ending Salary/Wages: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title / Responsibilities: \_\_\_\_\_

Ending Salary/Wages: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## EDUCATION

College: \_\_\_\_\_

Address: \_\_\_\_\_

Degree / Course: \_\_\_\_\_ Did you Graduate?  YES  NO

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High School: \_\_\_\_\_

Address: \_\_\_\_\_

Degree / Course: \_\_\_\_\_ Did you Graduate?  YES  NO

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Other: \_\_\_\_\_

Address: \_\_\_\_\_

Degree / Course: \_\_\_\_\_ Did you Graduate?  YES  NO

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Other: \_\_\_\_\_

Address: \_\_\_\_\_

Degree / Course: \_\_\_\_\_ Did you Graduate?  YES  NO

## MILITARY SERVICE

Branch of Military: \_\_\_\_\_

Years of Service: From \_\_\_\_\_ To \_\_\_\_\_

Rank at time of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than Honorable, explain: \_\_\_\_\_

## REFERENCES

*Please list three professional references, not related to you, which you have known for at least one year*

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment / Unit / P.O. Box #

\_\_\_\_\_  
City State ZIP Code

Home Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Cell phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Years you have known this individual: \_\_\_\_\_

## REFERENCES (continued)

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment / Unit / P.O. Box #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Cell phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Years you have known this individual: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment / Unit / P.O. Box #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Cell phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Years you have known this individual: \_\_\_\_\_

## DISCLAIMER & SIGNATURE

I am aware that former employers (and my present employer, if I so indicate), and educational institutions may be contacted for verification and evaluation, and herewith authorize all parties contacted to provide any information requested. I am also aware that other background checks and investigations may be made. I understand that any position rendered me by the Village of Carbon Cliff will be contingent upon the information contained in this application, possibly supplemented by other verification and that any false statements or willful withholding of information in filling out this application will be cause for termination of consideration for employment or, if discovered after employment, may be cause for immediate discharge or other disciplinary action.

I hereby certify that the information on this application is true and accurate to the best of my knowledge and belief.

Written Signature \_\_\_\_\_ Date: \_\_\_\_\_

**-- All applications must have original signature and date. --**



**Revised:**  
Tuesday, November 03, 2015