



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
(Pre-Employment Questionnaire)

PERSONAL INFORMATION

DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____
LAST
FIRST
MIDDLE INITIAL

PRESENT ADDRESS: _____
Street
City
State
Zip

FORMER ADDRESS: _____
Street
City
State
Zip

PHONE NUMBER: _____ Are you 18 Yrs or Older? Yes _____ No _____

EMAIL: _____

EMERGENCY CONTACT INFORMATION

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
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EMPLOYMENT DESIRED:

POSITION: _____ Date you can start? _____

ARE YOU EMPLOYED NOW? YES _____ NO _____ If so, may we inquire of your present employer? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS OR CORRESPONDENCE				

FORMER EMPLOYERS (*List below the last four employers starting with the last one first.*)

Date Month and Year	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
From			
To			
From			
To			
From			
To			
From			
To			

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes _____ No _____

If Yes, please explain and what can be done to accommodate your limitation?

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Signature _____ Date _____

**VILLAGE OF FRANKLIN PARK
APPLICATION FOR EMPLOYMENT
ATTACHMENT "A"**

REFERENCES

Fill in below the names of five adults not related to you and not former employers, who have known you for a period of time, preferably more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

1. NAME _____ YEARS KNOWN _____ PHONE: _____

Address

Business Address

Occupation or Profession

Business Phone

2. NAME _____ YEARS KNOWN _____ PHONE: _____

Address

Business Address

Occupation or Profession

Business Phone

3. NAME _____ YEARS KNOWN _____ PHONE: _____

Address

Business Address

Occupation or Profession

Business Phone

4. NAME _____ YEARS KNOWN _____ PHONE: _____

Address

Business Address

Occupation or Profession

Business Phone

5. NAME _____ YEARS KNOWN _____ PHONE: _____

Address

Business Address

Occupation or Profession

Business Phone

The Village of Franklin Park is an Equal Employment Opportunity employer seeking qualified Black, Hispanic and other minority applicants, as well as qualified White applicants for employment without regard to race, color, sex or ethnic origin.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

Date: _____

Signature in Full

