APPLICATION FOR EMPLOYMENT

This application is provided by the Village of Oswego, IL. This form complies with federal and state laws against discrimination.
Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

PERSONAL INFORMATION

Name (Last)	(First)		(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone
E-Mail Address	Are you legally entitled to work in the U.S.? ☐ Yes ☐ No			
Referred By:				

EMPLOYMENT DESIRED

Position Or Type of Employment Desired		Will Accept: ☐ Part-Time ☐ Full-Time ☐ Temporary	Shift: ☐ Day ☐ Swing
Are you Employed? ☐ Yes ☐ No	If so, may we contact? ☐ Yes ☐ No		
Salary Desired		Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? ☐ Yes ☐ No
If no, list the highest grade completed

College, Business School, Military (Most recent first.)

Name and Location	Dates Attended Month/Year	Credits Earned: Quarterly or Semester Hours	Credits Earned: Other (Specify)	Graduate	Degree & Year	Major or Subject
	From / To			☐ Yes ☐ No	D / Y	
	From / To			☐ Yes ☐ No	D / Y	
	From / To			☐ Yes ☐ No	D / Y	
	From / To			☐ Yes ☐ No	D / Y	

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent.)

Branch of Service	Date of Entry	Date of Discharge

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate.)

WORK EXPERIENCE (Most Recent First. Please include military expierence and relevant volunteer work.)

Employer	**Telephone Number**	**From (Month/Year)**
Address		
Job Title	**Number Employees Supervised**	**To (Month/Year)**
Specific Duties:		
		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	**May We Contact This Employer?** ☐ Yes ☐ No	

Employer	**Telephone Number**	**From (Month/Year)**
Address		
Job Title	**Number Employees Supervised**	**To (Month/Year)**
Specific Duties:		
		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	**May We Contact This Employer?** ☐ Yes ☐ No	

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Address		
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		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	**May We Contact This Employer?** ☐ Yes ☐ No	

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Specific Duties:		
		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	**May We Contact This Employer?** ☐ Yes ☐ No	

REFERENCES (Please provide three professional references.)

Name	Relationship	Phone Number

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant_____ **Date**_____

Submit application to: The Village of Oswego - Human Resource Department, 100 Parkers Mill, Oswego, IL 60543; FAX #: (630) 551-3975; email: humanresources@oswegoil.org. Equal opportunity employer.

Rev. 4/3/2015

Email Application Print Application