

VILLAGE OF PLEASANT PLAINS

200 West 4th, P.O. Box 177

Pleasant Plains, Illinois 62677

(217) 626-1024

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name _____ Date of application _____
LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Telephone _____

1. GENERAL INFORMATION:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) ☐ No ☐ Yes If yes, explain: _____

2. EDUCATION & TRAINING:

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters _____ Doctorate _____

Name & Address of School

	Major Course studied	Graduated or degree (Yor N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			

List any scholarships, academic honors, awards or special achievements: _____

3. SKILLS Please list any skills you have that are appropriate for the position you are applying for: _____

If required, will you work?

Rotating shifts ☐ YES ☐ NO

Saturdays ☐ YES ☐ NO

Overtime ☐ YES ☐ NO

Sundays ☐ YES ☐ NO

Position applying for, be specific: _____

Salary Requirements

\$

☐ per hour

☐ per month

State fully why you believe you are qualified for this position _____

INTERESTS / ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position (s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

Date you can start

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EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past FOUR employers. If currently employed, may we contact your employer? ☐ Yes ☐ No

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY				(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR	
STREET ADDRESS		CITY	STATE		ZIP			
NAME & TITLE OF SUPERVISOR				TITLE OF YOUR POSITION		REASON FOR LEAVING:		
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:								
FULL NAME OF COMPANY				(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR	
STREET ADDRESS		CITY	STATE		ZIP			
NAME & TITLE OF SUPERVISOR				TITLE OF YOUR POSITION		REASON FOR LEAVING:		
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FULL NAME OF COMPANY				(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR	
STREET ADDRESS		CITY	STATE		ZIP			
NAME & TITLE OF SUPERVISOR				TITLE OF YOUR POSITION		REASON FOR LEAVING:		
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:								

REFERENCES

List five persons other than relatives or past employers who know you well enough to give current or former information about you. If a post office box number or rural route number is used, include street address and accurate directions to residence/business. Use attached sheets if necessary.

A. Name (last, first, middle):	Mailing Address:	Home phone: () -	Years known:
Employer's Name:	Employer's Address:	Work phone: () -	Work hours:
B. Name (last, first, middle):	Mailing Address:	Home phone: () -	Years known:
Employer's Name:	Employer's Address:	Work phone: () -	Work hours:
C. Name (last, first, middle):	Mailing Address:	Home phone: () -	Years known:
Employer's Name:	Employer's Address:	Work phone: () -	Work hours:
D. Name (last, first, middle):	Mailing Address:	Home phone: () -	Years known:
Employer's Name:	Employer's Address:	Work phone: () -	Work hours:
E. Name (last, first, middle):	Mailing Address:	Home phone: () -	Years known:
Employer's Name:	Employer's Address:	Work phone: () -	Work hours:

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above 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.

Signature _____ Date _____