APPLICATION FOR EMPLOYMENT

Please return to:
Village of Sugar Grove
10 S. Municipal Drive
Sugar Grove, Illinois 60554
Fax: (630) 466-4521

INSTRUCTIONS FOR COMPLETING THIS EMPLOYMENT APPLICATION

We welcome you as an applicant for employment for the Village of Sugar Grove. It is the policy and intent of the Village of Sugar Grove to provide equal opportunity in employment to all persons. This policy applies to all types of full-time, part-time, temporary, and seasonal employment. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment with the Village of Sugar Grove.

Please complete the information as requested in this application. Do not submit a resume in place of completing any part of this application, although you are welcome to attach your resume. If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact the Personnel Department at (630) 466-4507.

Please identify the specific positions(s) from our open job listings for which you are applying.

1.	2.
☐ Full-Time ☐ Part-Time	Date Available:
☐ Temporary ☐ Summer	Minimum Salary: per hr/ yr

GENERAL INFORMATION

Last Name:	First Name:	Middle Initial:
Home Phone:	Work Phone:	Email:
Present Permanent Address:	City:	
State: / Zip Code:	County:	How long lived there?
Driver's License Number:	State: / Class:	Expiration Date:
Is this license currently valid? ☐ Yes ☐ No	Do you have a valid CDL? ☐Yes ☐ No	
Social Security Number:		
Are you related to any employee of the Village of Sugar Grove or an elected official? ☐ Yes ☐ No		
If yes, state their name and relationship to you:		

Have you ever been previously employed by the Village of Sugar Grove? ☐ Yes ☐ No	
When?	In what position?
Were you referred by a Village of Sugar Grove employee? ☐ Yes ☐ No	
If yes, please name the employee:	
Are you at least 18 years of age? ☐ Yes ☐ No	Are you over 70 years of age? ☐ Yes ☐ No

EDUCATIONAL INFORMATION

Type of School	Name and Mailing Address of School	Major	Year Completed	Degree Earned (If yes, indicate degree)
High School				Yes No
College/University				Yes No
Graduate				Yes No
Technical/Business /Trade School				Yes No
Other				Yes No

If you are not a high school graduate, have you passed the GED test? ☐ Yes ☐ No

List any correspondence courses, special courses, seminars, workshops, etc., that might relate to this position:

_____

_____

List any licenses or certificates relating to this position:

_____

_____

List any other skills/experience that relate to this position (Typing, Software Skills, Heavy Machinery, etc.):

_____

_____

List professional, trade, business or civic activities or associations to which you belong. (Please exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.):

_____

_____

EMPLOYMENT HISTORY	
Please begin with your present or most recent employer and provide all the information requested. Please do not write, "see resume."	
May the Village of Sugar Grove contact your current employer? ☐ Yes ☐ No	
Employer:	Phone Number:
Address:	City: State: Zip:
Dates of Employment:	Reason for Leaving:
Title:	Supervisor's Name:
Ending Salary:	Hours Per Week:
Duties:	

Employer:	Phone Number:
Address:	City: State: Zip:
Dates of Employment:	Reason for Leaving:
Title:	Supervisor's Name:
Ending Salary:	Hours Per Week:
Duties:	

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Employer:	Phone Number:
Address:	City: State: Zip:
Dates of Employment:	Reason for Leaving:
Title:	Supervisor's Name:
Ending Salary:	Hours Per Week:
Duties:	

PROFESSIONAL REFERENCES:

Please list three references that are familiar with your work history and experience. Do not list relatives, friends or personal references.

Name:	Company:
Business Relationship	Years Known:
Phone Number:	

Name:	Company:
Business Relationship	Years Known:
Phone Number:	

Name:	Company:
Business Relationship	Years Known:
Phone Number:	

APPLICANT AGREEMENT: RELEASE AND CERTIFICATION

Please read before signing. Questions regarding this statement should be directed to any employment interviewer prior to signing.

I hereby certify that all answers to the questions herein are true, accurate and complete to the best of my knowledge. I agree and understand that any false statements, misrepresentations or omissions of fact contained in this application (or any other accompanying or required documents) may cause the rejection of this application or termination of employment without notice or benefits, regardless of how or when discovered. I understand that all candidates hired are subject to satisfactory completion of a probationary period and a post-offer, pre-employment physical exam and drug screen. I authorize the investigation of all statements and information contained in this application. I release the Village of Sugar Grove from any and all liability that might result from conducting a background investigation. I also release from liability anyone supplying information pursuant to such investigation. I understand that this application is not, nor is it intended to be, a contract of employment. If hired, I agree to abide by all applicable Village of Sugar Grove rules and regulations. I acknowledge that I have read the above statements and hereby grant permission to verify the information supplied on this application for employment and employment related documents I have provided

PRINT NAME:

SIGNATURE: DATE:

HUMAN RESOURCE DEPARTMENT

Credit Report Disclosure and Authorization Form

In processing your application for employment or, if you are offered employment, at any time during your employment, the Village of Sugar Grove may obtain a consumer credit report from a third party vendor for employment purposes concerning credit worthiness, credit standing, and credit capacity.

_____ Check here, if you would like to receive a free copy of your credit report.

Upon receiving the copy of your credit report, if you want to dispute the accuracy or completeness of any item in it, you may contact the consumer reporting agency, whose address and telephone number are included in the report, and request an investigation. If you disagree with the accuracy of any information in the report, you must notify the Village of Sugar Grove within two days of the receipt of the report that you are challenging information in the report. The Village of Sugar Grove will not make a final decision on your employment status until you have had a reasonable opportunity to address the information contained in the report.

Note that if you are denied employment or an adverse employment action is taken based on information obtained in the credit report, you will be notified and provided with a copy of the report as well as a written description of your rights under the Fair Credit Reporting Act.

Please read this form carefully before signing and dating it below, which will authorize the Village of Sugar Grove to obtain a consumer credit report on you as part of the pre-employment background screening process or, if you are offered employment, for employment purposes at any time during your employment.

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I consent to this investigation and hereby authorize the Village of Sugar Grove to obtain a consumer credit report on my background for employment purposes only and acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act.

Name (please print): _____

Signature: _____ Date: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you (such as if you pay your bills on time or have filed bankruptcy) to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission's Web site (*http://www.ftc.gov)*. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you (such as denying an application for credit, insurance, or employment) must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs, to which it has provided the data, of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone (such as a creditor who reports to a CRA) that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of an error in writing, it may not continue to report the information if it is, in fact, an error.

POLICE DEPARTMENT

VILLAGE OF SUGAR GROVE

10 MUNICIPAL DRIVE SUGAR GROVE, ILLINOIS 60554

ADMINISTRATIVE – 630-466-4526 EMERGENCY – 911 FAX 630-466-7996

WEBSITE – www.sugar-grove.il.us/

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____,

do hereby authorize the release, review and full disclosure of all records concerning myself to the Sugar Grove Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records; employment and pre-employment records, including background reports, and performance ratings, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made); and all records maintained by any criminal justice or corrections agency including, but not limited to, incident reports, arrest records and criminal history information.

I understand that any information obtained by a personal history background Investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Village of Sugar Grove. I also agree to hold harmless any person(s) who may furnish such information concerning me; and I hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information". I understand that all information and documents turned over to the Sugar Grove Police Department become the property of the Sugar Grove Police Department and will not be returned to me.

SIGNATURE: _____

PRINTED NAME: _____

ADDRESS: _____

_____

PHONE NUMBER: _____

DATE OF BIRTH: _____

SUBSCRIBED AND SWORN TO BEFORE ME ON THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC: _____