

This application for employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new application for employment.

RETURN TO: Frankfort Township

11000 W. Lincoln Hwy
Frankfort, IL 60423

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME: _____ DATE _____
Last Middle First

PRESENT ADDRESS _____
Street City State Zip

PERMANENT ADDRESS _____
Street City State Zip

PHONE NUMBER: _____ ARE YOU UNDER 18? Yes _____ No _____

ARE YOU OVER 21? Yes _____ No _____

SPECIAL QUESTIONS

Driver's License # _____

Do you have a CDL License? Yes _____ No _____ Passenger Endorsement? Yes _____ No _____

U.S. Citizen? Yes _____ No _____ Date of Birth _____ Height _____ Weight _____

What Foreign Languages do you speak fluently? _____ Read _____ Write _____

The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years old but less than 70.

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Desired Salary _____

Are you presently employed? Yes _____ No _____ Can we contact your present employer? Yes _____ No _____

Have you ever applied to this company before? Yes _____ No _____ When? _____

EDUCATION	Name & Location Of School	No. Years	Graduate?	Subjects Studied
Grammar School	_____	_____	_____	_____
	_____	_____	_____	_____
High School	_____	_____	_____	_____
	_____	_____	_____	_____
College	_____	_____	_____	_____
	_____	_____	_____	_____
Tech, Business, or Correspondence School	_____	_____	_____	_____
	_____	_____	_____	_____

GENERAL

U.S. MILITARY SERVICE? _____ RANK? _____ MEMBER OF NATIONAL GUARD _____

FORMER EMPLOYERS

List last four employers starting with the last one first.

Date Month & Year	Name & Address Of Employer	Salary	Position Held	Reason For Leaving

REFERENCES: Give names of three persons not related to you whom you have known at least one year.

Name	Address	Phone Number	Years Known

PHYSICAL RECORD:

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

Yes _____ No _____

PLEASE DESCRIBE:

IN CASE OF EMERGENCY NOTIFY:

Name	Address	Phone

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

AUTHORIZE INVESTIGATION OF ALL STATEMENTS AND REFERENCES LISTED CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER INFORMATION CONTAINED IN THIS APPLICATION. I 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, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

DATE: _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____	DATE: _____
HIRED: YES _____ NO _____ POSITION _____	DEPT. _____
SALARY \$ _____	DATE REPORTING TO WORK _____
APPROVED BY:	
IMMEDIATE SUPERVISOR: _____	
TOWNSHIP ADMINISTRATOR: _____	
TOWNSHIP SUPERVISOR: _____	

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN MY APPLICATION FOR EMPLOYMENT AND OF ALL THE REFERENCES LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION, PERSONAL OR OTHERWISE. I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMANGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD, AND REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, I MAY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE. I FURTHER UNDERSTAND THAT ONLY THE EMPLOYER'S TOWNSHIP SUPERVISOR OR OTHER PERSONS SPECIFICALLY DESIGNATED BY THE EMPLOYER'S TOWNSHIP BOARD HAS THE AUTHORITY TO CREATE OR ENTER INTO ANY EMPLOYMENT AGREEMENT ON BEHALF OF THE EMPLOYER.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH ALL RULES, REGULATIONS AND EMPLOYMENT POLICIES OF THE EMPLOYER.

DATE _____ SIGNATURE _____