

LEMONT TOWNSHIP EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not discriminate against otherwise qualified applicants on the basis race, age, color, creed, sex, religion, ancestry, marital status, national origin, disability, veteran status, or any other protected characteristic.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

,		*			
APPLICANT INFORMATION					
EMPLOYEE'S NAME (LAST, FIRST, M.I.)	-	TODAY'S DATE			
STREET ADDRESS			APARTMENT/L	INIT #	
STREET ADDRESS			AFAKTIVIENT/C	JNII #	
CITY	<u>STATE</u>			ZIP CODE	
PHONE NUMBER	EMAIL ADDRESS				
THONE NOWIDER	LIVIAIL ADDITESS				
POSITION APPLIED FOR	DATE AVAILABLE		DESIRED SALARY		
ARE YOU LEGALLY ELIGIBLE TO WORK	HAVE YOU EVER WORKED FOR THIS COMPANY?				
THE TOO ELONEET ELIOIDEE TO WORK	TIAVE TOO EVER WORKED FOR THIS COM ANT:				
YESNO	YESNO				
EDUCATION					
HIGH SCHOOL		DID YOU GRADUATE?		DEGREE EARNED	
		YES	NO		
COLLEGE			RADUATE?	DEGREE EARNED	
					
			NO		
<u>OTHER</u>		DID YOU GRADUATE?		DEGREE EARNED	
		YES	NO		
EMPLOYMENT HISTORY (PLEASE INCLUDE 7 YEA	APS OF EXPEDIENCE				
COMPANY	START DATE		END DATE		
			1		
ADDRESS	PHONE NUMBER				
SUPERVISOR		MAY WE CONTACT			
	VEQ. NO				
RESPONSIBILITIES			YES _	_NO	
NLOF ONOIDILITIEO					
<u>COMPANY</u>	START DATE		END DATE		
ADDRESS	PHONE NUMBER				
NEDITEOU	I HOME MOIVIDEIX				
SUPERVISOR .		MAY WE CONT	ACT		
			YES _	_NO	
RESPONSIBILITIES				_110	
ALGI GRODILITIEG					

EMPLOYMENT HISTORY (CONTINUED)								
COMPANY	START DATE		END DATE					
ADDRESS		PHONE NUMBER	PHONE NUMBER					
			_					
CLIDEDVICOD			IMAN IME CONTA	CT				
<u>SUPERVISOR</u>	MAY WE CONTACT							
			YESI	NO				
RESPONSIBILITIES .								
COMPANY		START DATE		END DATE				
ADDRESS		PHONE NUMBER						
OLIDED VIOLD			INANY INTERODUTA	O.T.				
SUPERVISOR			MAY WE CONTACT					
		YESNO						
<u>RESPONSIBILITIES</u>								
COMPANY		START DATE		END DATE				
ADDRESS	ADDRESS		PHONE NUMBER					
ADDRESS		THONE NOWIDE	THONE NOMBER					
			I					
SUPERVISOR			MAY WE CONTACT					
			_YES	NO				
RESPONSIBILITIES								
REFERENCES								
FULL NAME	RELATIONSHIP	COMPANY		PHONE NUMBER				
FULL NAME	RELATIONSHIP	COMPANY		PHONE NUMBER				
ELUL MANG	DEL ATIONICI IID	COMPANY		DUONE NUMBER				
<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>COMPANY</u>		PHONE NUMBER				
DISCLAIMER AND ACKNOWLEDGEMENT								
I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is								
grounds for refusing to hire me, or for discharge should I be hired.								
l authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous								
employment, education and qualifications for employment. I also authorize you to request and receive such information.								
In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn,								
added or interpreted at any time, at the company's sole option and without prior notice to me.								
I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without								
cause, and with or without prior notice at the option of the company or myself.								
SIGNATURE	DATE							