VILLAGE OF HAMPTON, ILLINOIS
APPLICATION FOR EMPLOYMENT

Position You Are Applying For			Date of Birth MM DD YY
Last Name	First	Middle	Social Security Number
Mailing Address			Phone Numbers (Include Area Code) Daytime ( )
City	State	Zip	Evening ( )

U. S. Citizen ? Yes ☐ No ☐ Country of your citizenship ➢

Valid Driver's License ? No ☐ Yes ☐ D.L. # State Class

Has your driver's license ever been suspended or revoked in any state? No ☐ Yes ☐
(If Yes, give month and year, state and reason for suspension or revocation)
MM/YY State Reason

EDUCATION - Mark highest level completed

Some HS ☐ HS/GED ☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral ☐

Last High School (HS) or GED School, List the school's name, city, state, zip and year diploma or GED received.

Colleges and Universities attended. *Do not attach copies of transcripts unless requested.*

Name	City	State
Total Credits Earned Semester Quarter	Majors	Degree (if any) Year Received
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Total Credits Earned Semester Quarter	Majors	Degree (if any) Year Received
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Total Credits Earned Semester Quarter	Majors	Degree (if any) Year Received

OTHER QUALIFICATIONS **Job related** training courses (give title and year). **Job related** skills (other languages, computer software hardware, tools machinery, typing speed, etc.). **Job related** honors, awards and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking and performance awards). Give dates, but **do not** attach any documents unless requested. Use additional sheets if necessary.

WORK HISTORY - List your past employers and work experience beginning with the most recent and working backwards. Use additional sheets if necessary. Do not attach job descriptions.

Job Title	
From (MM/YY) To (MM/YY) Salary $ Week/Month/Year per Hours per week	
Employer's Name	Supervisor's Name
Address	Supervisor's Work Phone ( )
Describe your duties and accomplishments	
Job Title	
From (MM/YY) To (MM/YY) Salary $ Week/Month/Year per Hours per week	
Employer's Name	Supervisor's Name
Address	Supervisor's Work Phone ( )
Describe your duties and accomplishments	
Job Title	
From (MM/YY) To (MM/YY) Salary $ Week/Month/Year per Hours per week	
Employer's Name	Supervisor's Name
Address	Supervisor's Work Phone ( )
Describe your duties and accomplishments	

May we contact your current supervisor ?
Yes ☐ No ☐ ➢ If we need to contact your current supervisor before making an offer, we will contact you first.

Do you have any relatives that were or are currently employed by the Village of Hampton? No ☐ Yes ☐

If Yes, give Name, relationship and dates of employment

MILITARY SERVICE List any Military Service performed. *Do not attach DD214 unless requested.*

Branch	From (MM/YY)	To (MM/YY)	Type of Discharge	Rank at Discharge

Occupational Specialty

REFERENCES - List 3 references that are not related to you. Include all information.

1. Name — Address

Occupation — Phone Numbers Daytime ( ) Evening ( )

2. Name — Address

Occupation — Phone Numbers Daytime ( ) Evening ( )

3. Name — Address

Occupation — Phone Numbers Daytime ( ) Evening ( )

APPLICANT CERTIFICATION - All applications *must* be signed and dated to be considered.

I certify that to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for terminating my employment after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated. I understand that my background may be investigated by the Village of Hampton or other agencies at the request or employ of the Village of Hampton.

Signature of Applicant — Date Signed