



|  |    |   |                           |   |
|--|----|---|---------------------------|---|
| 13. List below other education including trade schools, special institutes and short courses   |    |   |                           |   |
| School   |    | City and State  |                           |   |
| From   | To | Type of Course or Program   |                           |   |
| School   |    | City and State  |                           |   |
| From   | To | Type of Course or Program   |                           |   |
| School   |    | City and State  |                           |   |
| From   | To | Type of Course or Program   |                           |   |
| 14. List any Professional Licenses or Certificates you hold or have held   |    |   |                           |   |
|  |    |   |                           |   |
|  |    |   |                           |   |
| 15. Can you type?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |    | 16. Indicate the number of words per minute you type                        |                           | 17. Do you have any personal computer experience?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Do you possess a valid Drivers License?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |    | 19. Drivers License Number  |                           | State   |
|  |    |   |                           | Expiration Date   |
| 20. Have you ever had a Drivers License in another State?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                              |    | If yes indicate State   |                           | From  |
|  |    |   |                           | To  |
| 21. Have you served in any Military Organization in the U.S?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If No skip to question 31 |    | 22. Branch  | 23. Service Serial Number | 24. Highest Rank Held   |
|  |    |   |                           |   |
| 25. Give date of entry to Active Duty  |    | 26. Give location of entry to Active Duty (City and State)                  |                           |   |
|  |    |   |                           |   |
| 27. List period(s) of Active Service:  |    |   |                           |   |
| From (Date)  |    | To (Date)   |                           | From (Date)   |
|  |    |   |                           | To (Date)   |
| 28. What type of Discharge did you receive?  |    | 29. Explain circumstance other than Honorable                               |                           |   |
|  |    |   |                           |   |
| 30. Are you now or have you ever been a member of any Branch of the U.S. Reserve Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  |    | If Yes<br><input type="checkbox"/> Active <input type="checkbox"/> Inactive |                           | Branch  |
|  |    |   |                           | Unit  |
|  |    |   |                           | Rank  |
| 31. Have you ever been placed under arrest and convicted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                              |    |   |                           |   |

32. If Yes, explain giving date arrested, by whom (Police Agency), crime charged, and details of case and disposition of case

33. Have any member of your immediate family ever been convicted of a serious crime  Yes  No If Yes, explain

34. List all Traffic Citations you have received:

| Location (City and State) | Approximate Date | Nature of Violation | Disposition of Case |
|---------------------------|------------------|---------------------|---------------------|
|                           |                  |                     |                     |
|                           |                  |                     |                     |
|                           |                  |                     |                     |
|                           |                  |                     |                     |

35. Have you ever submitted an application or been employed with a Police or Fire Department  Yes  No

| Agency | Position on List | Date | Status |
|--------|------------------|------|--------|
|        |                  |      |        |
|        |                  |      |        |

36. Were you ever discharged or forced to resign from any job due to misconduct or unsatisfactory service?  Yes  No If Yes, Explain Including Names and Address of Employers

37. List All Jobs You Have Held for the Last Ten Years, Including Periods of Unemployment. List Your Present or Most Recent Job First. Include Military Service in Proper Sequence, and Include Temporary and Part-Time Jobs.

|                              |        |                  |             |                    |
|------------------------------|--------|------------------|-------------|--------------------|
| (1) Employer's Name          |        | Type of Business |             |                    |
| Address                      | Street | City             | State       | Zip Code           |
| Name and Title of Supervisor |        | Phone            | From (Date) | To                 |
| Position and Duties          |        | Salary Per Month |             | Reason for Leaving |

|  |        |                  |                  |                    |
|--|--------|------------------|------------------|--------------------|
| (2) Employer's Name  |        |                  | Type of Business |                    |
| Address  | Street | City             | State            | Zip Code           |
| Name and Title of Supervisor   |        | Phone            | From (Date)      | To                 |
| Position and Duties  |        | Salary Per Month |                  | Reason for Leaving |
| (3) Employer's Name  |        |                  | Type of Business |                    |
| Address  | Street | City             | State            | Zip Code           |
| Name and Title of Supervisor   |        | Phone            | From (Date)      | To                 |
| Position and Duties  |        | Salary Per Month |                  | Reason for Leaving |
| (4) Employer's Name  |        |                  | Type of Business |                    |
| Address  | Street | City             | State            | Zip Code           |
| Name and Title of Supervisor   |        | Phone            | From (Date)      | To                 |
| Position and Duties  |        | Salary Per Month |                  | Reason for Leaving |
| (5) Employer's Name  |        |                  | Type of Business |                    |
| Address  | Street | City             | State            | Zip Code           |
| Name and Title of Supervisor   |        | Phone            | From (Date)      | To                 |
| Position and Duties  |        | Salary Per Month |                  | Reason for Leaving |
| (6) Employer's Name  |        |                  | Type of Business |                    |
| Address  | Street | City             | State            | Zip Code           |
| Name and Title of Supervisor   |        | Phone            | From (Date)      | To                 |
| Position and Duties  |        | Salary Per Month |                  | Reason for Leaving |
| 38. Indicate by Number Any of the Above Employers Whom You DO NOT Wish Us to Contact |        |                  |                  |                    |

|  |                 |
|--|-----------------|
| 39. Do You Have any Foreign Language Skills?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Language Spoken |
|--|-----------------|

40. Please Indicate in Narrative Form Below and on Additional Sheets (If Necessary), Your Reason For Applying For This Position and any Experience, Training or Ability That You Believe Will Qualify You for the Position.

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41. List the Names of Three (3) Persons Not Related to You and Not Former Employers Who Have Known You For Some Time. Local References Are Preferable to Those From Outside the State. All Persons To Whom You Refer Will Be Asked to Appraise Your Character, Experience, Personality and Other Relevant Qualities.

|                  |  |        |      |       |                   |  |                       |  |
|------------------|--|--------|------|-------|-------------------|--|-----------------------|--|
| (1) Name         |  |        |      |       | Home Phone Number |  | Business Phone Number |  |
| Address          |  | Street | City | State | Zip Code          |  | Years Known           |  |
| Business Address |  | Street | City | State | Zip Code          |  | Occupation/Profession |  |
| (2) Name         |  |        |      |       | Home Phone Number |  | Business Phone Number |  |
| Address          |  | Street | City | State | Zip Code          |  | Years Known           |  |
| Business Address |  | Street | City | State | Zip Code          |  | Occupation/Profession |  |
| (3) Name         |  |        |      |       | Home Phone Number |  | Business Phone Number |  |
| Address          |  | Street | City | State | Zip Code          |  | Years Known           |  |
| Business Address |  | Street | City | State | Zip Code          |  | Occupation/Profession |  |

I certify that all answers given in this application are true and complete. I authorize the investigation of all statements contained in this application and any other related matters that may be necessary in arriving at an employment decision. I release employers, schools, and/or persons from all liability in responding to inquiries in connection with my application. I waive prior notice to release any disciplinary records from previous employers. I understand that if I am employed, falsified statements, misrepresentations or omissions of facts either stated or implied on this application or in subsequent interviews, shall be considered sufficient cause for dismissal if hired, or rejection of this application.

The Village of Antioch is an Equal Opportunity Employer and does not discriminate in employment or promotion on the basis of race, creed, color, national origin, age, sex, religion, marital status, disability, or unfavorable discharge from the military or any other legally protected status in accordance with applicable legal requirements

Signature of Applicant

Date

Notary's Signature

Date

Notary's Address

Notary's Seal

