

# APPLICATION FOR EMPLOYMENT

THE TOWN OF WORTH  
11601 S. PULASKI RD.  
ALSIP, IL 60803  
(708) 371-2900  
www.worhtownship.com

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS REGARDLESS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, SEXUAL ORIENTATION, VETERAN STATUS OR THE PRESENCE OF AN ON-JOB RELATED MEDICAL CONDITION OR HANDICAP.

AS AN APPLICANT, I WILL VERIFY MY EMPLOYMENT ELIGIBILITY BY PRESENTING PROOF OF CITIZENSHIP OR IMMIGRATION STATUS PRIOR TO EMPLOYMENT. IF I AM UNDER THE AGE OF 18, I WILL ALSO PROVIDE ANY NECESSARY WORK PERMIT(S) PRIOR TO STARTING WORK.

PLEASE PRINT OR TYPE

DATE: \_\_\_\_\_

PLEASE INDICATE THE TYPE OF POSITION YOU ARE APPLYING FOR:

\_\_\_\_\_

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

HOME PHONE NUMBER and CELL PHONE NUMBER, IF ANY (INCLUDE AREA CODES)

E-MAIL ADDRESS, IF ANY

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER / STATE

(Please provide a photocopy of your Driver's License, or state ID, and your Social Security Card.)

IF YOU ARE UNDER 18, INDICATE YOUR DATE OF BIRTH: \_\_\_\_\_

THE AGE DISCRIMINATION EMPLOYMENT ACT FORBIDS DISCRIMINATION ON THE BASIS OF AGE TO INDIVIDUALS AGE 40 AND OVER.

## EDUCATION

Name/Address  
of School

Course of  
Study

Years  
Completed

Diploma/  
Degree

ELEMENTARY: \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

GRADUATE/OTHER \_\_\_\_\_

PLEASE INDICATE ALL DEGREES, SPECIAL TRAINING, SKILLS, EQUIPMENT OPERATED,  
SPECIALIZED WORK, EXPERIENCE OR OTHER FACTORS WE SHOULD CONSIDER:

\_\_\_\_\_  
\_\_\_\_\_

DO YOU SPEAK OR WRITE ANY LANGUAGES OTHER THAN ENGLISH?    Y        N

IF YES, INDICATE LANGUAGE AND CAPABILITY: \_\_\_\_\_

READ

WRITE

SPEAK

PERSONAL REFERENCES OTHER THAN RELATIVES:

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

# EMPLOYMENT HISTORY

(START WITH YOUR LAST OR PRESENT EMPLOYER)

**EMPLOYER  
INFORMATION**

**DATES EMPLOYED  
FROM / TO**

**JOB TITLE &  
START / END  
SALARY**

EMPLOYER:

ADDRESS:

TELEPHONE:

SUPERVISOR:

REASON FOR LEAVING:

EMPLOYER:

ADDRESS:

TELEPHONE:

SUPERVISOR:

REASON FOR LEAVING

EMPLOYER:

ADDRESS:

TELEPHONE:

SUPERVISOR:

REASON FOR LEAVING

What salary or hourly rate are you looking for? \_\_\_\_\_

Are you currently employed? Y N

May we contact your current and prior employers? Y N  
If no, please list the ones you do not wish us to contact.

Do you have a resume or reference letter? Y N

Have you been employed here before? Y N

Are you working in a capacity that may be interpreted  
as a conflict of interest? Y N

Are you currently on a lay off? Y N  
If so, what is your job recall status? \_\_\_\_\_

Have you ever been convicted of any crime under State or Federal Law? Y N

If so, give the dates, state the offense, and please explain in detail.

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Have you ever served in the military? Y N

Were you honorably discharged? Y N

If no, explain: \_\_\_\_\_

Are you presently in the National Guard or Armed Forces Reserves? Y N

Can you travel if the job requires it? Y N

Can you work overtime? Y N

Do you have a current driver's license? Y N

Do you have a CDL license? Y N

The Township may requisition a copy of your driving record at our  
expense. Do you have any objection to this requirement? Y N

Would you take a pre-employment physical at our expense? Y N

Would you take a pre-employment drug/alcohol test at our expense? Y N

