



Trevor J. Clatfelter, Village President

APPLICATION FOR EMPLOYMENT

Please return completed applications to:
 Village Administrator
 Sherman Village Hall
 401 St. John Drive • Sherman, Illinois 62684
 (217) 496-2621 • www.shermanil.org

All statements made by applicants for employment on this application form will be checked for accuracy. Please read carefully, answer all questions truthfully, and print clearly in ink.

Please note this application may be used only for applying to positions with the Administrative and the Public Works Departments.

Applicants for the Police Department must use the Police Department Application.

Applicant Name:	
FOR OFFICE USE	FOR OFFICE USE
Date Stamp Application Received:	
Date Contacted for Interview:	
Date of Interview:	
Date of Hire:	

(Rev.12/2015)
 Previous Version Not Authorized



Trevor J. Clatfelter, Village President

APPLICATION FOR EMPLOYMENT

The Village of Sherman is committed to the provisions of Equal Employment Opportunity and Affirmative Action to all applicants regardless of race, color, religion, ancestry, age, marital or veteran's status, national origin, disability, or any other legally protected status

All statements made by applicants for employment on this application form will be checked for accuracy. Please read carefully, answer all questions truthfully, and print clearly in ink. Please note this application may be used only for applying to positions with the Administrative and Public Works Departments. Applicants for the Police Department must use the Police Department Application

APPLICANT INFORMATION

(Name exactly as it appears on Social Security Card)

Last Name: _____

First Name: _____ Middle Name or Initial: _____

Maiden Name and any and all Alias: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Primary Telephone: (____) _____ - _____ Secondary Telephone: (____) _____ - _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Drivers License Number: _____ State: _____ Expiration date: _____

Are you a resident of the Village of Sherman?	(Circle One)	Y	N
If no, will you relocate to the Village?	(Circle One)	Y	N
Are you 18 years of age or older?	(Circle One)	Y	N
If no, can you submit a work permit?	(Circle One)	Y	N
Do you have the legal right to work in the United States?	(Circle One)	Y	N
If no, please explain: _____			

Have you ever been convicted of a felony?*(Circle One) Y N
If yes, please explain: _____

Have you been convicted of a misdemeanor within the last five (5) years? Y N
If yes, please explain: _____

Are you currently taking unlawful or illegal drugs? (Circle One) Y N

**Applicants may not be denied employment because of a conviction record, unless the offense is related to the position for which they are applying.*

EDUCATION AND EXPERIENCE

Highest Grade Completed: _____ What Year? _____ Did you Graduate? _____

Please list any College, University, Trade or Technical Schools and other educational institutions attended, degrees awarded (if any), types of courses taken and number of years attended:

Name of School	Attended From	Attended To	Diploma/Degree Awarded

Please list any professional licenses or certifications you hold: _____

Please list any technical skills for which you have been trained: _____

Please check skills/equipment operated:

- | | |
|--|---|
| <input type="checkbox"/> Microsoft Windows | <input type="checkbox"/> Backhoe (be specific) _____ |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Snow Plow (be specific) _____ |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Tractor (be specific) _____ |
| <input type="checkbox"/> Microsoft Power Point | <input type="checkbox"/> Riding Mower (be specific) _____ |
| <input type="checkbox"/> Fax Machine | <input type="checkbox"/> Trimmer (be specific) _____ |
| <input type="checkbox"/> Copier | <input type="checkbox"/> Chain Saw (be specific) _____ |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Dump Truck (be specific) _____ |
| <input type="checkbox"/> Other (be specific) _____ | <input type="checkbox"/> Power Tools (be specific) _____ |
| | <input type="checkbox"/> Hand Tools (be specific) _____ |

Please provide any additional information such as special skills, training, management or supervisory experience, equipment operation, or other qualifications, including military service you feel will be helpful to us in considering your application: _____

EMPLOYMENT INFORMATION

Position / Department for which you are applying: _____

Type of employment (please circle): Full-Time Part-Time Seasonal

Note: If applying for a Part-Time or Seasonal position, what days and hours are you available to work? Days (circle) M T W Th F Sa Su Hours: _____

Rate of Pay expected: _____

How soon can you report to work? _____

Have you previously been employed by the Village of Sherman (circle)? Y N

If yes, please what position did you hold: _____

Date started: _____ (mm/dd/yyyy)

Date ended: _____ (mm/dd/yyyy)

Name of Immediate Supervisor: _____

Reason for Leaving: _____

Are you presently employed (circle)? Y N

If yes, why do you desire to change employment? _____

May we contact your present employer (circle) Y N

If yes, please provide name and contact information: _____

CITIZENSHIP

____ U. S. Citizen

____ Naturalized Citizen and Date of Naturalization: _____

STATEMENT OF MILITARY SERVICE

Branch of Service: _____

Dates of Service: _____ to _____

Type of Discharge: _____

Provide copy of DD-214 with Application

WORK EXPERIENCE

(List most recent employers, including volunteer experience)

Employer: _____
Dates Employed: _____ to _____ Phone: () _____ - _____
Job Position / Title: _____ Salary (starting) \$ _____ (ending) \$ _____
Immediate Supervisor(s) Name and Title: _____
Briefly describe duties you performed: _____

Reason for leaving: _____

Employer: _____
Dates Employed: _____ to _____ Phone: () _____ - _____
Job Position / Title: _____ Salary (starting) \$ _____ (ending) \$ _____
Immediate Supervisor(s) Name and Title: _____
Briefly describe duties you performed: _____

Reason for leaving: _____

Employer: _____
Dates Employed: _____ to _____ Phone: () _____ - _____
Job Position / Title: _____ Salary (starting) \$ _____ (ending) \$ _____
Immediate Supervisor(s) Name and Title: _____
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Employer: _____
Dates Employed: _____ to _____ Phone: () _____ - _____
Job Position / Title: _____ Salary (starting) \$ _____ (ending) \$ _____
Immediate Supervisor(s) Name and Title: _____
Briefly describe duties you performed: _____

Reason for leaving: _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

(Please read carefully, before signing)

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment, or if employed and found later, discharge."

_____ ⇐Initial Here

"I understand that prior to being offered employment with the Village of Sherman, a background check may be initiated. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release any and all such persons from any liability or damage on account of having furnished such information."

_____ ⇐Initial Here

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Village of Sherman and myself as applicant. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the Village of Sherman unless made in writing."

_____ ⇐Initial Here

"I understand that prior to being offered employment with the Village of Sherman, I may be required to take a physical examination. In the event I have a disability which will affect my ability to take the test, I will so inform the Village of Sherman prior to the administration of the test so that a reasonable accommodation can be made. Requesting accommodations may include accessible testing site, modified testing conditions, and accessible testing formats."

_____ ⇐Initial Here

"I understand that this application will be kept on active file for sixty (60) days from the date completed and found next to my signature, after which time I would have to reapply."

Signature of Applicant

_____/_____/_____
(MM/DD/YYYY)