

EMPLOYMENT HISTORY

May we contact your present employer? YES NO

1	Starting Date month/ day / year	Ending Date month/ day / year	Employer/Company Name and address (City and state are required)
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Paid Work Volunteer	Hours per week	Name & Title of Immediate Supervisor	Telephone Number
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Reason for Leaving

Title of Position Held	Number & Job Title of Employees you supervised
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Describe job responsibilities in order of importance:

2	Starting Date month/ day / year	Ending Date month/ day / year	Employer/Company Name and address (City and state are required)
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Paid Work Volunteer	Hours per week	Name & Title of Immediate Supervisor	Telephone Number
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Reason for Leaving

Title of Position Held	Number & Job Title of Employees you supervised
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Describe job responsibilities in order of importance:

3	Starting Date month/ day / year	Ending Date month/ day / year	Employer/Company Name and address (City and state are required)	
	Paid Work Volunteer	Hours per week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you supervised	
Describe job responsibilities in order of importance:				

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give the Village of Lansing the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to the Village of Lansing by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with the Village of Lansing and does not obligate the Village of Lansing to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.** Candidates selected for hire must pass a physical and drug screen prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. The Village of Lansing is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of the Village of Lansing records and will not be returned, reused or copied for me once submitted. I am also aware that my application is subject to the Illinois open records law and may be released as a public document.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature

Date

(Unsigned applications will not be considered)