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**RESIDENCE INFORMATION:**

List your addresses for the last ten years, starting with your present address.

Address: \_\_\_\_\_

Street City State Zip  
From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip  
From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip  
From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip  
From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

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**EDUCATION:**

High School: \_\_\_\_\_

Name Address

Received:  Diploma  Certificate of Completion  GED  None, highest grade completed \_\_\_\_\_

Name and address of college, university, business, correspondence, trade, technical, vocational school.	Dates (Mo./Yr.)		Credit Hours Earned	Area Of Study	Academic Degree or Certification Earned
	From	To			
	/				
	/				
	/				
	/				
	/				
	/				
	/				

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**SKILLS AND QUALIFICATIONS:**

List any specialized knowledge, skills or abilities you possess (word processing, compute use, software, equipment, and programs, audio/visual equipment, printing equipment, heavy and light machinery). List any professional or occupational license, registration, or certification you currently hold.

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

Do you possess a valid operator's or commercial driver's license from Illinois?  Yes  No

Class of License: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever been refused an operator's or commercial license by this or any other state?  Yes  No

Has your license ever been suspended or revoked?  Yes  No

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**EMPLOYMENT:**

Starting with the most recent, describe all paid, military, and applicable voluntary experience from the last ten years.

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**Employer's Name:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street City State Zip

**Type of Business:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Date of Employment:** From (Month/Year): \_\_\_\_\_ to (Month/Year): \_\_\_\_\_  
**Full time:** \_\_\_Yes \_\_\_No **Salary:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_ **Supervisor Title:** \_\_\_\_\_  
**Duties and Responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_  
**May we contact this employer?** \_\_\_Yes \_\_\_ No

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**Employer's Name:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street City State Zip

**Type of Business:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Date of Employment:** From (Month/Year): \_\_\_\_\_ to (Month/Year): \_\_\_\_\_  
**Full time:** \_\_\_Yes \_\_\_No **Salary:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_ **Supervisor Title:** \_\_\_\_\_  
**Duties and Responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_  
**May we contact this employer?** \_\_\_Yes \_\_\_ No

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**Employer's Name:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street City State Zip

**Type of Business:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Date of Employment:** From (Month/Year): \_\_\_\_\_ to (Month/Year): \_\_\_\_\_  
**Full time:** \_\_\_Yes \_\_\_No **Salary:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_ **Supervisor Title:** \_\_\_\_\_  
**Duties and Responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_  
**May we contact this employer?** \_\_\_Yes \_\_\_ No

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**Employer's Name:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street City State Zip

**Type of Business:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Date of Employment:** From (Month/Year): \_\_\_\_\_ to (Month/Year): \_\_\_\_\_  
**Full time:** \_\_\_Yes \_\_\_No **Salary:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_ **Supervisor Title:** \_\_\_\_\_  
**Duties and Responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_  
**May we contact this employer?** \_\_\_Yes \_\_\_ No

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**REFERENCES:**

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Number of Years Known
	( )	
	( )	
	( )	

May attach Resume for additional information.

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**APPLICANT STATEMENT**

I certify that all the information I have provided in order to apply for and secure employment with the Village of Rochester is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application or (II) immediately discharge me from the Village of Rochester, when it is discovered.

I understand my employment is contingent upon the results of a pre-hire drug and alcohol screen. A confirmed positive screen will result in my disqualification from employment.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to the Village of Rochester that may be required to make an employment decision.

I understand my employment is not guaranteed for any term, and my employment may be terminated by the Village of Rochester or myself at any time and for any reason.

**Do not sign until you have read the about APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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