Village of Ashmore

10 W Ashmore St - PO Box 99 Ashmore, IL 61912 217-349-8332 clerk@ashmore.gov



Application for Employment

Equal Opportunity Employer

Important Legal Notice: An employer may not use any information provided by a job applicant in a way which results in illegal discrimination against the job applicant under applicable federal, state, or local law. For example, an employer may be subject to legal liability for denying a job opportunity to an applicant based on information provided by the applicant regarding his or her educational background unless the information is reasonably related to the applicant's ability to perform the job or there is an otherwise legitimate business reason.

Under Illinois law, job applicants are not obligated to disclose sealed or expunged records or expunged juvenile records of conviction or arrest.

Personal Information

Full Name				
Address				
Telephone Number				
Are you legally authorized to work in the US (Circle one)? <u>Yes / No</u>				
Position Desired				
Position Title <u>Part-Time Municipal Treasurer</u>				
Date you can start	Wages Expected			
Are you currently employed? <u>Yes / No</u>	Can we question your employer? <u>Yes / No</u>			
I certify that the facts contained in this application and in my resume (if one is provided) are true and complete to the best of my knowledge, and I understand that, if employed, falsified statements on this application and attached documents shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references/employers listed to give any and all information concerning my previous employment.				

Signature ____

Date_____

Application continues on Page 2 unless a resume is provided.

THIS PAGE MAY BE LEFT PARTIALLY OR COMPLETELY BLANK IF YOU ARE SUBMITTING A RESUME WHICH CONTAINS THIS INFORMATION

Education

(Most	Recent	First)
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Name of School	City	Course / Degree
Special Training or Study: _		

Employment History

(Most Recent First)

Dates	Employer Name & Address	Job Title & Description of Duties
4. Fm To		

References

Give the names of three individuals not related to you that have known you for at least on year as well as their occupation, address, phone number, and number of years known.

