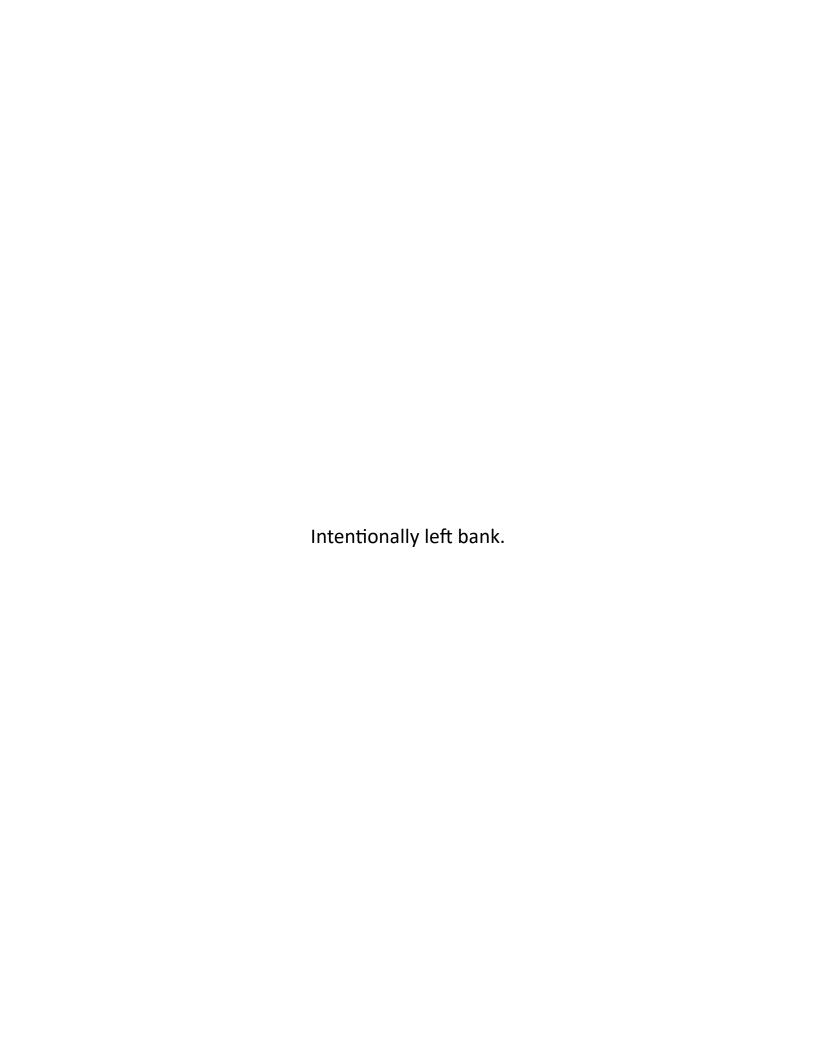
RICHMOND TOWNSHIP ROAD DISTRICT

Application for Employment





Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for this application or interview.

POSITION APPLYING I	FOR:		
Full Name:			
Address:	City:	State: _	Zip:
Phone:	Cell:		
Email:			
Are you 18 years of ag	ge or older?		
Date available to start	::		
Salary:	_		
Do you have experien	ce working for a Township?		
If yes when and where	e:		
Are you a citizen or le	gally allowed to work in the	United States? _	
Type of employment	desired: Full time: Pa	art time: S	easonal:
Have you ever pleade	d "guilty" "no contest" or be	een convicted of	a crime?
If yes, please give date	es, disposition of case and p	olice agency	
employment. Date of	nis questions does not const the offense, seriousness ar sition applied for will be co	nd nature of the	-
SUMMARIZE YOUR SP	ECIAL SKILLS OR QUALIFACT	TIONS:	

EDUCATION

Name of school

Dates attended _____ graduated Yes _____ No ____

Address _____ City ____ State ___ Zip code _____

Number of years completed _____Subject studied _____

DRIVING HISTORY

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.		
Were you ever discharged or forced to resign do to misconduct or unsafe or unsatisfactory circumstances? yes no		
Have you ever been refused a driver's license? Yes no		
Has your state of issue license ever been suspended or revoked? Yes no		
Driver's license number		
What class license do you hold?		
Do you hold a driver's license? yes no		

Intentionally left blank.

PREVIOUS EMPLOYMENT

(Begin with most recent position. List all employment within the last 10 years.)

Dates of employment: Start _	// End//
5	
Company Name:	
Address:	
Phone number:	
Responsibilities:	
Reason for leaving:	
Salary:	Do not contact this employer:
5	/ / End / /
Company Name:	
Address:	
Phone number:	
Responsibilities:	
Salary:	

Dates of employment: Start	//_	End	/	./
Position Held:				
Company Name:				
Address:				
Phone number:				
Responsibilities:				
Reason for leaving:				
Salary:	Do no	t contact this	employer	:
Dates of employment: Start	//_	End	/	./
Position Held:				
Company Name:				
Address:				
Phone number:				
Responsibilities:				
Reason for leaving:				
Salary:	Do no	t contact this	employer	•

Dates of employment: St	tart	/	_/	End	_/	_/
Position Held:						
Company Name:						
Address:						
Phone number:						
Responsibilities:						
Reason for leaving:						
Salary:		D	o not cont	act this e	mploye	r:
Dates of employment: St	tart	/	_/	End	_/	_/
Position Held:						
Company Name:						
Address:						
Phone number:						
Responsibilities:						
Reason for leaving:						
Salarv:		D	o not cont	act this e	mplove	r:

(Copy this page if more employment history is needed)

RESIDENCES

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

From (mo&year)	To (mo&year)	
Address of residence		
From (mo@yoor)	To (ma (voar)	
	To (mo&year)	
City, State & zip code		
From (mo&year)	To (mo&year)	
Address of residence		
From (mo&year)	To (mo&year)	
Address of residence		
From (mo&year)	To (mo&year)	
Address of residence		

PERSONAL REFERENCE

Fill below the names of 3 adults not related to you. The names listed should be those people who have seen you frequently during the last year. All people to whom you refer will be asked to appraise your character, abilities, personality and other qualities.

Name		
Address		
Email	Phone	
Business or occupation		
How do you know them		
Known since		
Name		
Address		
Email	Phone	
Business or occupation		
How do you know them		
Known since		
Name		
Address		
Email	Phone	
Business or occupation		
How do you know them		
Known since		

I HERBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS ANS STATEMENTS, ANS I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS OR FALSEIFICATIONS IN THIS QUESTIONAIRE AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION, OMISSIONS OR FALSEIFICATIONS ON THE QUESTIONAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH THE RICHMOND TOWNSHIP ROAD DISTRICT.

Illinois, this	day of	, 20
Signature in Fu	ıll	
		Illinois, this day of Signature in Full

We are an equal opportunity employer. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement and all other personnel practices. Your job relate experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age or physical or mental handicap. All information provided in this application will be treated confidentially and will be used only to help assure the best use of your abilities if you are employed with us.

RICHMOND TOWNSHIP ROAD DISTRICT

AUTHOROZATON AND RELEASE OF LIABILITY FORM

l,	hereby authorize the Richmond Township Road District and its agents
employees or representa	tives to obtain and use all information relating to my previous and
current employment, edi	ucation, military record, criminal convection history, personal
characteristics and all oth	ner information which may bear favorably or unfavorably upon my
application for employme	ent made to the Richmond Township Road District.

I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I also covenant that for the consideration of my application, I agree not to sue the Richmond Township Road District, the commissioner, employees and agents for any injury, loss of damages as a result of such process including but not limited to personal injury, wrongful death, court costs, attorney fee and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the Richmond Township Road District, and it'd trustees, as well as its employees and agents.

I hereby acknowledge and agree that as a condition of employment with the Richmond Township Road District, I must maintain at all times a valid State of Illinois Driver's license, of the Class required to operate all vehicles of the Richmond Township Road District. I do further agree that my failure to maintain said driver's license will constitute reasons for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the district. I do further agree that my failure to obtain and maintain the requisite certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the district.