

Application for Internship

The Village of Oak Park Village Hall 123 Madison Street Oak Park, Illinois 60302-4272 708.358.5650 Fax 708.358.5107 TTY 708.383.0048 jobs@oak-park.us

AN EQUAL OPPORTUNITY EMPLOYER — The Village of Oak Park does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, sexual orientation, age, ancestry, marital status, veteran status protected by applicable federal, state or local law.

*	Indicates a required	field. Please PRINT your inf	ormation.								
IN	ITERNSHIP APPLIED	FOR *									
I.	PERSONAL INFORM	MATION									
	Last Name*	First Name	* *		M.I						
	PRESENT ADDRESS	S*									
	Street	Apt #		City	State	Zip Code					
	CONTACTS*										
	()	()		()							
	Home	Work/Daytime		Mobile/Cell	Mobile/Cell E-Mail						
	Are you legally eligi	D Yes	D No								
	Are you at least eig	D Yes	D No								
	Have you ever been employed by the Village of Oak Park?* (see below) D Yes D No										
	If you have been previously employed by the Village of Oak Park, complete the information below f you held. If you have been previously employed by the Village of Oak Park more than once, complete in the Comments section of this application.										
	Employment Dates: _	From (mm/dd/yyyy)		Position Held							
		To (mm/dd/yyyy)		Reason for Leaving							
	Have you ever pleaded guilty, or no contest to, or convicted of any misdemeanor or felony?* D Yes D If Yes, explain in detail listing reason(s), date(s), and location(s) in the Comments section.										
	offense, seriousnes	es" does not constitute an ass/nature of the violation, an arrests or convictions which	d rehabili	tation will be ta	ken into account. Do	not include	minor				
	Are you able to per	D Yes	D No								
	If No, explain reaso	ns or circumstances in the C	omments	section.							
	-	the military?* If Yes, list serv	h and date(s).		D Yes	D No					
	Enlistment Dates:	From (mm/dd/yyyy)	Position Held								
		To (mm/dd/yyyy)		Type of Discharge							

	-	per of the Village of the information rec	Park Board of Trustees, or any person now employed by thuested below.						
Name			Name						
Department		Relationship	Department		Relationship				
I. EDUCATION AN	D SKILLS								
HIGH SCHOOL NAME	*		Course of Study/Majo	Course of Study/Major*					
City*		State*	List Diploma or Degr	ee* (Please specify if GEI	D)				
Was Diploma or I	Degree Granted?*	D Yes D No	Date (mm/dd/yyyy)						
POST SECONDARY/O	OLLEGE NAME*		Course of Study/Majo	or*					
City*		State*	List Diploma or Degr	ee* (Please specify if GED	D)				
Was Diploma or Degree Granted?*		D Yes D No							
			Date (mm/dd/yyyy)	Date (mm/dd/yyyy)					
POST SECONDARY/O	OLLEGE NAME*		Course of Study/Majo	or*					
City*		State*	List Diploma or Degr	ee* (Please specify if GED	D)				
Was Diploma or I	Degree Granted?*	D Yes D No	Date (mm/dd/yyyy)						
D License	Туре	Issued By		Expiration	Number				
D License	Type D Registration			 Expiration	 Number				
D Registration				Expiration	 Number				
D Certification	Туре	Issued By			_				
D Other	Туре	Issued By		Expiration	Number 				
	Туре	Issued By		Expiration	Number				
List any special s	skills or equipment	you can operate							
Describe your con	nputer experience, ir	ncluding all software	applications.						
ecent employer first		•	umber of the PREVIO	US FOUR (4) EMPLO	YERS with the most				
1. Position*	Employer Name*		Immediate Superviso	r*	_				
Address* Street			Phone*		E-Mail				
City	State	Zip Code	Internet (Web) Addre	SS					
Work Schedule*	D Full Time	D Part Time			_				
Describe your ma	ijor duties.*		From (mm/yyyy)*	To (mm/yyyy)* _ May we contact t	his employer?				
Reason(s) for leav	/ing.*			_ D Yes D No					

2.							
Position*	Employer Name*		Immediate Supervisor*				
Address* Street			Phone*			E-Mail	
City	State	Zip Code	Internet (Web) Address				
Work Schedule*	D Full Time	D Part Time	From (mm/yyyy)*	To (mm/yy	yy)*		
Describe your ma	jor duties.*				contact th	is employe	er?
Reason(s) for leav	ring.*			D Yes	D No		
3. Position*	. Employer Name*		Immediate Supervisor*				
	Employer Name*					EM:	
Address* Street			Phone*			E-Mail	
City	State	Zip Code	Internet (Web) Address				
Work Schedule*	D Full Time	D Part Time	From (mm/yyyy)*	To (mm/yy	yy)*		
Describe your ma	jor duties.*			May we	contact th	is employe	er?
Reason(s) for leav	ring.*			D Yes	D No		
4. Position*	Employer Name*		Immediate Supervisor*				
	Limpioyer Name		()			E Mail	
Address* Street			Phone*			E-Mail	
City	State	Zip Code	Internet (Web) Address				
Work Schedule*	D Full Time	D Part Time	From (mm/yyyy)*	To (mm/yy	yy)*		
Describe your ma	jor duties.*			May we	contact th	is employe	er?
Reason(s) for leav	ring.*			D Yes	D No		
If Yes, explain in	detail listing name		he Comments section. See below and in the Con	nments s	ection if yo	D Yes ou need	D No
Yes, explain in de not constitute an	tail listing reason(s automatic bar to e		tion(s) in the Comments such as age and date				
May we contact yo	our current employe	r?*				D Yes	D No
If No, explain in de	etail the reason(s) i	n the Comments sec	tion.				
-		n to and from work? in the Comments se				D Yes	D No

IV.	PROFESSIONAL REFERENCES						
	List name and phone number of three	(3) profes	sional r	eference	s, one of which	h is a previous supervisor wh	io can
	comment on your work performance. D	O NOT us	e "refer	to resur	ne."		
	1. Name* (First/Last)	(<u>)</u> Phone*				E-Mail	
	ivalle (I listy Last)	FIIOTIE				L-IVIAII	
	Curient Title*	Organizatio	on *			Professional Relationship *	
	Is this reference a former direct super	visor?* [) Yes	D No	May we conta	act this reference?* D Yes	D No
	·				,		
	2. Name* (First/Last)	()					
	Name* (First/Last)	Phone*				E-Mail	
	Curient Title*	Organizatio	on *			Professional Relationship *	
	Is this reference a former direct super	visor?* [) Yes	D No	May we conta	act this reference?* D Yes	D No
		()					
	3. Name* (First/Last)	() Phone*				E-Mail	
	Curient Title*	Organizatio	on*			Professional Relationship *	
	Is this reference a former direct super	visor?* [) Yes	D No	May we conta	act this reference?* D Yes	D No

REQUIRED:

- D * I certify that the information provided in this Application for Internship (and accompanying resume, if any) is true and correct to the best of my knowledge. I understand that any misrepresentation, omission, or falsification of information contained in this Application (or accompanying resume) will be cause for the denial of my application and constitute grounds for immediate dismissal from any subsequent internship with the Village of Oak Park. Check the box and place your initials here indicating that you so certify and understand:
- D * I understand that this application does not constitute a contract or an offer of employment or internship. In consideration of my internship, I agree to conform to the rules and regulations of the Village of Oak Park Police Department. Check the box and place your initials here indicating that you understand and agree:
- D * In further consideration of my internship, I understand and agree that my internship is contingent upon successful completion of a pre-internship physical including a drug screen, criminal background investigation and reference checks. Check the box and place your initials here indicating that you understand and agree:
- D * I hereby authorize persons, schools, and/or previous employers named in this application (and accompanying resume, if any) to provide the Village of Oak Park with all records and information regarding employment with them, and I release all individuals, partnerships, associations or corporations from any and all liability, claims or damages that may result from the use, disclosure or release of such information. Check the box and place your initials here indicating that you so certify and understand:
- D * I understand that at any time during my internship, the Village may require me to submit to a physical examination, drug and/or alcohol test to the extent permitted by law. I consent to the disclosure of the results of any physical examination or related testing including drug and alcohol testing to the Village. I also understand that I may be required to take other tests such as personality and honesty tests prior to and during my internship and I consent to all such testing. I understand that if I should decline to sign this consent or decline to take any such tests, my application for internship may be rejected or my internship may be terminated. Check the box and place your initials here indicating that you understand and consent:

you so certify and understand:	J	0 1	Ü	•	·	,	J
Signature					Date		

D * I certify that I have read the foregoing paragraphs. Check the box and place your initials here indicating that