



**BARRINGTON**  
*Be Inspired*

# APPLICATION FOR EMPLOYMENT

*It is the policy of the Village of Barrington to ensure equal opportunity for all individuals without regard to race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, , sexual orientation, or unfavorable military discharge, as those terms are defined in the Illinois Human Rights Act (775 ILCS 5/1-101, et seq..) and without regard to any other legally protected status. Applicants may request reasonable accommodation to facilitate the application process, including reasonable accommodation to enable applicants to participate in the interview process. Applicants requesting such accommodations will be given the same consideration as other applicants.*

**Please complete all blanks or indicate "not applicable." Incomplete applications may be subject to rejection. This application will become inactive ninety (90) days after the date shown on page five (5) of this application. If you want to be considered after that time, you must complete a new application for employment.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present address: \_\_\_\_\_  
Street City State Zip

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail (if applicable) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Please see the attached Statement of Purpose.)

Position applied for: \_\_\_\_\_ Date available to start: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applying for (please check one):  Full Time  Part Time  Seasonal  Temporary

Rate of pay expected: \_\_\_\_\_ per \_\_\_\_\_ Are you able to work the hours, days, or shifts required by the position applied for with or without accommodation?  Yes  No

How were you referred to the Village of Barrington? \_\_\_\_\_

Are you at least 18 years of age?  Yes  No If hired, can you supply proof of your age?  Yes  No

If hired, can you prove you are legally permitted to work in the United States?  Yes  No

Military service?  Yes  No If yes, which branch \_\_\_\_\_ Rank \_\_\_\_\_

**Applicant is not required to disclose dates of service. Dishonorable discharge is not an absolute bar to employment and the facts of the discharge will be considered.**

From \_\_\_\_\_ To \_\_\_\_\_ Discharge Status \_\_\_\_\_

Have you filed an application for employment with the Village before?  Yes  No

If yes, when? \_\_\_\_\_ Position applied for: \_\_\_\_\_

Were you previously employed by the Village of Barrington?  Yes  No

If yes, what department? \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Under what name were you employed? \_\_\_\_\_

Do you have any relatives working for the Village as an employee or serving the Village as a public official?

Yes (please specify)  No Name: \_\_\_\_\_

**Please note that a "relative" is defined in this context as those people related to the applicant as father, mother, son, daughter, brother, sister, uncle, great uncle, aunt, great aunt, first cousin, nephew, niece, husband, wife, spouse, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, and including the father, mother, grandfather, or grandmother of applicant's spouse and the applicant's fiancé or fiancée.**

Have you been convicted of any felony or misdemeanor?  Yes  No

If yes, please explain: \_\_\_\_\_

**Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on its own merit. Applicant is not obligated to disclose expunged juvenile records of arrest(s) or adjudication(s). Unless applicant is applying for a position within the Village of Barrington Police Department, applicant is not obligated to disclose sealed or expunged records of arrest(s) or conviction(s) when applicant was considered an adult.**

If you are applying for a position within the Village of Barrington Police Department, have you ever been arrested

for any violation of the law other than a minor traffic violation?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you been discharged from a job for making threats, fighting, or other incidents involving violence or the threat of violence?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Circle highest grade completed

High School

College

Post-Graduate

9 10 11 12

13 14 15 16

1 2 MA PhD

Name & location of high school; trade or business schools; or colleges attended	Did you graduate?	Degrees/certifications earned	Courses/areas of study
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

# EMPLOYMENT INFORMATION

*Work History—Start with your present or last job and work back, using additional sheets if necessary. (Resume will not substitute for completion of this portion of the application.)*

1) Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's name \_\_\_\_\_  
Supervisor's title \_\_\_\_\_ Phone number \_\_\_\_\_  
Your title \_\_\_\_\_  
Under what name were you employed? \_\_\_\_\_  
Description of duties \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ month \_\_\_\_\_ year To \_\_\_\_\_ month \_\_\_\_\_ year  
Reason for leaving \_\_\_\_\_  
Is the Village of Barrington authorized by you to contact this employer?  Yes  No

2) Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's name \_\_\_\_\_  
Supervisor's title \_\_\_\_\_ Phone number \_\_\_\_\_  
Your title \_\_\_\_\_  
Under what name were you employed? \_\_\_\_\_  
Description of duties \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Is the Village of Barrington authorized by you to contact this employer?  Yes  No

3) Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's name \_\_\_\_\_  
Supervisor's title \_\_\_\_\_ Phone number \_\_\_\_\_  
Your title \_\_\_\_\_  
Under what name were you employed? \_\_\_\_\_  
Description of duties \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ month \_\_\_\_\_ year To \_\_\_\_\_ month \_\_\_\_\_ year  
Reason for leaving \_\_\_\_\_

Is the Village of Barrington authorized by you to contact this employer?  Yes  No

4) Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Supervisor's title \_\_\_\_\_ Phone number \_\_\_\_\_

Your title \_\_\_\_\_

Under what name were you employed? \_\_\_\_\_

Description of duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
month year month year

Reason for leaving \_\_\_\_\_

Is the Village of Barrington authorized by you to contact this employer?  Yes  No

Please use the space below to summarize any special qualifications, training or experience that you have, and feel should be considered in reviewing your application, or account for any gaps in your work history.

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Can you perform the essential functions of the job with or without a reasonable accommodation?  Yes  No

## REFERENCES

Name	Address	Phone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# ACKNOWLEDGEMENT

*Please read carefully.*

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

I understand that if the Village of Barrington hires me, my employment will be at-will, meaning that either I or the Village of Barrington can terminate it at any time for any reason.

I authorize the Village of Barrington to make inquiries to my character, employment record and other matters to verify my suitability for employment and release the Village of Barrington and any individuals it contacts from any claims arising from making or responding to such inquiries. I further understand that such inquiries will include checking police records for convictions. I understand that I may request reasonable accommodations, if needed, due to disability, in order to participate in the overall application process.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid.

If I receive a conditional offer of employment from the Village, I agree to submit to a pre-employment physical exam, physical testing and/or drug screen(s) if required by the Village of Barrington and understand that any offer of employment is conditional and contingent upon successfully passing the drug screen test(s) and based upon the results of any physical testing and physical exam required by the Village, indicating that I can perform the essential functions of the position I have applied for with or without reasonable accommodation,

If hired, I agree to comply with all current and future rules, regulations, and employment policies of the Village of Barrington and understand that all rules, regulations, and policies relating to conditions of employment are subject to modification by the Village without notice.

I understand that this application is active for ninety (90) days from the date set forth below and that if I want to be considered after that time, I must complete a new application for employment.

I have read and acknowledge the attached "Statement of Purpose for Collection of Social Security Numbers."

Signed \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**The Village of Barrington is an equal opportunity employer and any complaints of discrimination will be investigated thoroughly and in a confidential manner.**

Return completed form to: Village of Barrington  
Attn. Human Resources  
200 S. Hough Street  
Barrington, IL 60010

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IDENTITY PROTECTION POLICY  
STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS

The Identity Protection Act (5 ILCS 179/1, et seq.) (“the Act”) requires each local and State government agency to draft, approve, and implement an Identity Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual’s Social Security Number (SSN). This Statement of Purpose is being provided to you because you have been asked by the Village to provide your SSN or because you requested a copy of this Statement.

Why does the Village collect your Social Security Number?

You are being asked for your SSN for one or more of the following reasons:

- Complaint investigation
- Crime victim compensation
- Vendor services, such as executing contracts and/or billing
- Law enforcement investigation
- Internal verification
- Administrative services
- Utility services and billing
- Engineering and Building Department services and billing
- Any services or functions substantially related to the foregoing purposes

What does the Village do with your Social Security Number?

- The Village will only use your SSN for the purposes for which it was collected as described above.
- All employees of the Village identified as having access to SSNs in the course of performing their duties for the Village will be trained to protect the confidentiality of SSNs. Training will include instructions on the proper handling of information that contains SSNs from the time of collection through the destruction of the information.
- Only Village employees who are required to use or handle information or documents that contain SSNs will have access to such information or documents.
- SSNs requested from an individual will be provided in a manner that makes the SSN easily redacted if required to be released as part of a public records request.
- All officers, employees, and agents of the Village will redact SSNs from the information or documents before allowing the public inspection or copying of the information or documents.

The Village will not:

- Publicly post or publicly display in any manner an individual’s SSN.
- Print an individual’s SSN on any card required for the individual to access products or services provided by the person or entity.
- Require an individual to transmit his or her SSN over the Internet, unless the connection is secure or the SSN is encrypted.
- Print an individual’s SSN on any materials that are mailed to the individual, through the U.S. Postal Service, any private mail service, electronic mail, or any similar method of delivery, unless State or federal law requires the SSN to be on the document to be mailed. Notwithstanding any provision to the contrary in this policy and the Act, SSNs may be included in applications and forms sent by mail, including, but not limited to, any material mailed in connection with the administration of the Unemployment Insurance Act, any material mailed in connection with any tax administered by the Department of Revenue, and documents sent as part of an application or enrollment process or to establish, amend, or terminate an account, contract, or policy or to confirm the accuracy of the SSN. A SSN that is permissibly mailed under this policy and the Act will not be printed, in whole or in part, on a postcard or other mailer that does not require an envelope or be visible on an envelope without the envelope being opened.
- Collect, use, or disclose a SSN from an individual, unless (i) required to do so under State or federal law, rules, or regulations, or the collection, use, or disclosure of the SSN is otherwise necessary for the performance of that agency’s duties and responsibilities; (ii) the need and purpose for the SSN is documented before collection of the SSN; and (iii) the SSN collected is relevant to the documented need and purpose.
- Require an individual to use his or her SSN to access an Internet website.
- Use the SSN for any purpose other than the purpose for which it was collected.

Questions or Complaints about this Statement of Purpose:

Questions or complaints about this Statement of Purpose should be in writing and directed to:

Village of Barrington  
Attn: Human Resources  
200 S. Hough Street  
Barrington, IL 60010