

**EXHIBIT A**

**Guidelines and Specifications  
2021 Summer Youth and College Internship Work Program**

**Summer Youth Work Program**

Authorized Number of Participants: 40

**Participant Qualifications:**

1. Currently enrolled High School student who has taken college admission test(s) or able to provide proof of registration for such test(s);

or

Student enrolled for 2021-2022 in accredited college, university or graduate school;

2. Written recommendation(s) from school official, professor, teacher or guidance counselor (for first time participants only);
3. Minimum grade point average of "C" or equivalent - applicant must include proof from current school of grade point average;
4. Minimum Age: 16 (at time of application)  
Maximum Age: 22 (at time of application);
5. Participant Relationship to Village Official or Officer Prohibited: Immediate family members [spouses, children and grandchildren (including birth, step and adopted), brother, sister, parent, grandparent, brother-in-law, sister-in-law, mother-in-law, father-in-law, daughter-in-law, son-in-law, aunt, uncle, niece or nephew] or any other member of the household of the Village President, Village Clerk, Village Trustee, Comptroller, Village Department Head or Director, and Deputy Department Head or Director, if applicable, shall not be hired in any capacity during said person's tenure in office; and
6. Successfully pass mandatory drug and alcohol tests and remain drug and alcohol free throughout Program participation.

Hourly Rate of Compensation: \$9.00 if under the age of eighteen (18); or \$11.00 if age eighteen (18) or over for first year participant or the most current Illinois or Federal minimum wage requirement, if greater. Prior year participant is eligible to receive a \$0.25 increase in the hourly rate previously paid. Maximum hourly rate shall not exceed \$12.00 per hour or, as required by law.

2021 Program Start-up Date: May 10, 2021

Final 2021 Program Ending Date: September 30, 2021 (or earlier depending on department, as determined by the Director of Human Resources and Operations)

Application Deadline: May 31, 2021

Miscellaneous Items:

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Additional Notations:

Allocation of participants to various departments shall be determined by the Director of Human Resources and Operations.

Summer Youth and College Internship Work Program participants are not entitled to insurance benefits, overtime compensation at higher hourly rates, vacation days, sick days, holiday pay or any other benefit or compensation under another Village program. Participation in the Program is temporary. Participants can be disqualified from further participation in the Program, at any time, or for any reason.

Attendance, punctuality and labors performed must be supervised by the responsible department head or administrator and a report on performance submitted at the conclusion of the 2021 Program to the Director of Human Resources and Operations.



## APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*  
**(Pre-Employment Questionnaire)**

### PERSONAL INFORMATION

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

PRESENT ADDRESS: \_\_\_\_\_  
Street City State Zip

FORMER ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE NUMBER: \_\_\_\_\_ Are you 18 Yrs or Older? Yes \_\_\_\_\_ No \_\_\_\_\_

EMAIL: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP

### EMPLOYMENT DESIRED:

POSITION: \_\_\_\_\_ Date you can start? \_\_\_\_\_

ARE YOU EMPLOYED NOW? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS OR CORRESPONDENCE				

**FORMER EMPLOYERS** (*List below the last four employers starting with the last one first.*)

Date Month and Year	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
From			
To			
From			
To			
From			
To			
From			
To			

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain and what can be done to accommodate your limitation?

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Signature \_\_\_\_\_ Date \_\_\_\_\_

**VILLAGE OF FRANKLIN PARK  
APPLICATION FOR EMPLOYMENT  
ATTACHMENT "A"**

**REFERENCES**

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Fill in below the names of five adults not related to you and not former employers, who have known you for a period of time, preferably more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

1. NAME \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ Address

\_\_\_\_\_ Business Address Occupation or Profession Business Phone

2. NAME \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ Address

\_\_\_\_\_ Business Address Occupation or Profession Business Phone

3. NAME \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ Address

\_\_\_\_\_ Business Address Occupation or Profession Business Phone

4. NAME \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ Address

\_\_\_\_\_ Business Address Occupation or Profession Business Phone

5. NAME \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ Address

\_\_\_\_\_ Business Address Occupation or Profession Business Phone

The Village of Franklin Park is an Equal Employment Opportunity employer seeking qualified Black, Hispanic and other minority applicants, as well as qualified White applicants for employment without regard to race, color, sex or ethnic origin.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

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

Signature in Full

