

Wauconda Park District Employment Application Form



Wauconda
Park District

Wauconda Park District IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with the Wauconda Park District is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, sex, religion, sexual orientation, veteran status, national origin, marital status, mental or physical disability, pregnancy or related medical conditions or any other legally protected status.

THOSE APPLICANTS REQUIRING REASONABLE ACCOMODATION TO THE APPLICATION/INTERVIEW PROCESS SHOULD NOTIFY THE HUMAN RESOURCE MANAGER.

Date of Application: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____

Driver's License # _____ (If driving is an essential job function.)

If you are under 16 years of age and it is required, can you furnish a work permit? ___ Yes ___ No

Have you submitted an application here before? ___ Yes ___ No

Have you ever been employed with us before? ___ Yes ___ No
If Yes, give date _____

Are you currently employed? ___ Yes ___ No

May we contact your **present** employer? ___ Yes ___ No

Note: We reserve the right to contact all **past** employers as part of our reference checks.

Are you legally eligible for employment in this country? ___ Yes ___ No

Application for (check applicable): _____ Parks Department _____ Recreation Department

Available for: _____ Part-time Employment _____ Full-time Employment _____ Seasonal

Days/hours not available to work: _____

Will you be able to meet the attendance requirements of the position? ___ Yes ___ No

Are you willing to work overtime as required? _____ Yes _____ No

Position applied for: _____

Desired salary/wage? _____ Date available to begin work: _____

Are you currently on "lay-off" status and subject to recall? ___ Yes ___ No

EDUCATIONAL BACKGROUND (fill in below):

EDUCATION	SCHOOL Name/ Location	Number of Years Completed	MAJOR	YES/NO Degree/ Diploma
High School				
College/ University				
Other Training, Education				

Please list skills, licenses, training, etc., applicable to the position for which you are applying:

WORK HISTORY

(fill in below, beginning with most current employment)

Most recent employer	Address	Phone
Date started	Starting Position	
Date left	Position on leaving	
Name and title of supervisor		
Description of duties	Reason for leaving	

Employer	Address	Phone
Date started	Starting Position	
Date left	Position on leaving	
Name and title of supervisor		
Description of duties	Reason for leaving	

Employer	Address	Phone
Date started	Starting Position	
Date left	Position on leaving	
Name and title of supervisor		
Description of duties	Reason for leaving	

NOTE: Please explain any gaps in employment.

APPLICANT'S CERTIFICATION AND AGREEMENT

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION AND HEREBY RELEASE AND WAIVE ANY CLAIM AGAINST THE PARK DISTRICT THAT MAY ALLEGEDLY ARISE FROM SUCH INVESTIGATION. I FURTHER UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE EITHER CONTAINED IN MY APPLICATION OR GIVEN DURING ANY INTERVIEW AND ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE PARK DISTRICT'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT IS "AT-WILL" AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME, AT EITHER MY OR THE PARK DISTRICT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE PARK DISTRICT.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand the Park District is required by state statute [70 ILCS 1205/8-23] to obtain criminal conviction information concerning applicants and shall perform a criminal background check for applicants for all positions, including the position for which you have applied. Pursuant to said statute, certain convictions shall automatically disqualify the applicant from consideration for working for the Park District. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific job. Applicants are not obligated to disclose sealed or expunged records of conviction. Further, the Park District complies with all aspects of the Illinois Human Rights Act and other applicable laws regarding, for instance, requirements for pre-adverse action notices, adverse action notices and interactive discussions to determine the relevance of convictions to the job position.

I understand that if I am hired, I will be required to provide proof of identity and information for compliance with the Immigration Reform and Control Act.

Applicant's Signature _____ Date _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE ESSENTIAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. YOU MAY OBTAIN A COPY OF THE JOB DESCRIPTION AT THE BUSINESS OFFICE.

Are you capable of performing in a reasonable and safe manner, with or without reasonable accommodation, the essential job duties for the job or position for which you have applied?

Yes ___ No ___

EMPLOYMENT REFERENCES

PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES, NOT RELATED TO YOU, THAT WE MAY CONTACT.

1. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____

(For Office Use Only) _____

2. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____

(For Office Use Only) _____

3. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____

(For Office Use Only) _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Arrange Interview _____ YES _____ NO

Date _____ Time _____

Interviewed by _____

Position interviewed for _____

Starting date: _____

Pre-employment screenings scheduled? _____

Hired _____ YES _____ NO Position _____

Pay Rate/Salary \$ _____ Department _____

Hired by _____ Date _____
