

11500 S Beloit Ave. Worth, IL 60482 (708)448-7080 (708)448-4079- Fax www.worthparkdistrict.org

EMPLOYMENT APPLICATION

WORTH PARK DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with WORTH PARK DISTRICT is governed based on 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	e)
Address:				
(Street)		(City)	(State)	(Zip)
Phone:				
Email address:				
Driver's License #			(If driving is an esse	ential job function.)
If you are under 16 years of	f age and it is req	uired, can	you furnish a work peri	mit? Yes No
Have you applied here bet	ore? Yes	No		
Have you ever been emplo	oyed with us befo	re? Ye	s No	
If yes, give date				
Are you currently employed	d? Yes No			
May we contact your pres Note: We reserve the right				nce checks.
Are you legally eligible for e	employment in th	is country?	YesNo	
Application for (check app	olicable):			
Parks Depart	ment	Rec	creation Department	

Available for: Part-time Employment	Full-time Employment Seasonal
Days/hours not available to work:	
Will you be able to meet the attendance require	ements of the position? Yes No
Are you willing to work overtime as required?	YesNo
Position applied for:	
Desired salary/wage? D	ate 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				

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

NOTE: Please explain any gaps in employment.

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

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 FRONT 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 ___

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 not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether 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 and interactive discussions to determine the relevance of convictions to the job position.

I understand the Worth Park District requires criminal background checks for all applicants for all positions who are given a conditional offer of employment, including the position for which you have applied. 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 _____

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					
2.	COMPANY					
	(Check One)					
	NAME					_
	ADDRESS					_
	CITY	·	STATE		ZIP	
	PHONE					
3.	COMPANY					
	(Check One)	_ Past Employer	(Other		
	NAME					_
	ADDRESS					-
	CITY	·	STATE		ZIP	
	PHONE					