

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)	(Mido	de)
Address:			
(Street)	(City)	(State)	(Zip)
Phone:			
Email address:			
Driver's License #		(If driving is an es	ssential job function.)
If you are under 16 years of YesNo	age and it is required, can	you furnish a work p	ermit?
Have you applied here bef	ore? Yes No		
Have you ever been emplo	oyed with us before? Ye	es No	
If yes, give date			
Are you currently employed	d? Yes No		
May we contact your prese Note: We reserve the right			rence checks.
Are you legally eligible for e	employment in this country?	? Yes No	
Application for (check app	licable):		
Parks Depart	ment Re	creation Departmen	t

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				

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 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 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, 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.

_____ Date _____

Applicant's Signature_____

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) Po	ast Employer	Other	
	NAME			
	ADDRESS			
	CITY	STA	ATE	ZIP
	PHONE			
2.	COMPANY			
	(Check One) Po			
	NAME			
	ADDRESS			
	CITY	STA	ATE	ZIP
	PHONE			
3.	COMPANY			
	(Check One)Po	ast Employer	Other	
	NAME			
	ADDRESS			
	CITY	STA	ATE	ZIP
	PHONE			