

# Woodridge Park District Camp Staff Application Supplement Sheet



Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Position applying for: (circle one)      Camp Director      Site Director      Staff/Leader

Please check which program(s) you are applying for:

**ADVENTURE CAMP:**

Designed for 1st-5th graders. Camp meets for ten weeks, M-F from 9:00am-4:30pm. Activities include: crafts, swimming, field trips, games, group activities, nature activities, canoeing, sports and speakers.

**BEFORE CARE:**

Before care meets for ten weeks. Camp meets M-F from 7:00-9:00am. Camp staff will plan indoor/outdoor activities.

**AFTER CARE:**

After care meets for ten weeks. Camp meets M-F from 4:30-6:00pm. Camp staff will plan indoor/outdoor activities.

**TREK & TRAVEL:**

Designed for 6th-8th graders. Camp meets for ten weeks, M-F from 9:00am-4:30pm. Camp will go on three field trips a week, while the other two days will be spent doing a variety of activities planned by the camp staff. Camp will swim at Cypress Cove when not on a field trip.

1. Qualifications and Certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Hobbies and interests include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(turn-over)

3. Availability:            Earliest date available to begin work: \_\_\_\_\_  
   Latest date to end work: \_\_\_\_\_  
   Vacation Days Needed: \_\_\_\_\_

4. Please list the school that you are/will be attending: \_\_\_\_\_

5. Please list the grade/year you are in at school: \_\_\_\_\_

6. Please state when you will be on spring break: \_\_\_\_\_

7. Please list any other possible jobs or commitments that you will have planned for this summer:

\_\_\_\_\_  
\_\_\_\_\_

How many hours per week are your other commitments: \_\_\_\_\_

8. Why do you want to work with the Woodridge Park District summer camp program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What skills do you have that would make you an asset to the camp staff team?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How did you hear about this position?

\_\_\_\_\_  
\_\_\_\_\_

**Please attach this to the Application for Employment sheet**

**Thank-you!**



Woodridge  
**PARK DISTRICT**

## EMPLOYMENT APPLICATION

Woodridge Park District is an equal opportunity employer. Employment with the Woodridge 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, sexual orientation, religion, veteran status, national origin, marital status, mental or physical disability 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: \_\_\_\_\_  
(Address) (City) (State) (Zip)

Phone Number: \_\_\_\_\_

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

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

Application for: (check applicable)  Administration  Recreation  Parks

Aquatics  Golf Course

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

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

Education	School Name/Location	Number of Years Completed	Major	Degree/Diploma	
				Yes	No
High School					
College/University					
Multiple or Advanced Degree					
Other Training, Education					

Have you ever been convicted of any felony? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery, or any criminal drug statute? \_\_\_ Yes \_\_\_ No

The 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 positions for which you have applied. Applicants are not obligated to disclose sealed or expunged records of convictions. Conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for the 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.

If yes, describe: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note to all applicants: Do not answer this question unless you have informed about the essential requirements of the job for which you are applying. You may obtain a copy of the job description at the administrative 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

**WORK HISTORY** Within last 10 years (Fill in below, beginning with most current employment.)

Most Recent Employer	Address	Phone
Date Started	Starting Salary	Starting Position
Date Left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reason for Leaving

Employer	Address	Phone
Date Started	Starting Salary	Starting Position
Date Left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reason for Leaving

Employer	Address	Phone
Date Started	Starting Salary	Starting Position
Date Left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reason for Leaving

## EMPLOYMENT REFERENCES

Please list the name, address and phone number of two references, not related to you, that we may contact.

1. Company \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

2. Company \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

## PERSONAL REFERENCE

Please list the name, address and phone number of one reference, not related to you, that we may contact.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

## 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 which 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 any time, 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 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 \_\_\_\_\_

### Village Greens Golf Course

1575 W. 75th Street

Phone 630.985.3610 Fax 630.985.8368

[www.villagegreensgolf.com](http://www.villagegreensgolf.com)

### Maintenance Facility

8325 S. Janes Avenue

### Community Center & Administrative Offices

2600 Center Drive

Woodridge, IL 60517

Phone 630.353.3300 Fax 630.353.3310

[www.woodridgeparks.org](http://www.woodridgeparks.org)

[info@woodridgeparks.org](mailto:info@woodridgeparks.org)

### Cypress Cove Family Aquatic Park

8301 S. Janes Avenue

Phone 630.985.5620