

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 # _____

EMPLOYMENT REFERENCES

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 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 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 West 75th Street
Phone 630.985.3610 Fax 630.985.8368
www.villagegreensgolf.com

Community Center & Administrative Offices
2600 Center Drive
Woodridge, IL 60517
Phone 630.353.3300 Fax 630.353.3310
www.woodridgeparks.org
info@woodridgeparks.org

Cypress Cove Family Aquatic Park
8301 S. Janes Avenue
Phone 630.985.5620

Maintenance Facility
8325 S. Janes Avenue



**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 ACCOMMODATION TO THE APPLICATION INTERVIEW PROCESS SHOULD NOTIFY THE HUMAN RESOURCE MANAGER.

Date of Application: _____

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

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

Phone Number: _____ Social Security 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	No. 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 position 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 the 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 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

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

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

NOTE: Please explain any gaps in employment.