

BACKGROUND INFORMATION

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

If yes, describe:

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.

WORK HISTORY (Fill in below, beginning with most current employment.)

Present or Most Recent Employer	Address	Phone
Date Started	Starting Position Title	
Date Left	Position on Leaving Title	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(For Office Use Only) _____

WORK HISTORY (Continued)

Previous Employer	Address	Phone
Date Started	Starting Position Title	
Date Left	Position on Leaving Title	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(For Office Use Only)</i>		

Previous Employer	Address	Phone
Date Started	Starting Position Title	
Date Left	Position on Leaving Title	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(For Office Use Only)</i>		

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

PROFESSIONAL REFERENCES (List two references, not related to you, that we may contact.)

1. Company _____
Name & Title _____
Phone # _____ Email Address: _____

(For Office Use Only)

PROFESSIONAL REFERENCES (Continued) (List two references, not related to you, that we may contact.)

2. Company _____
Name & Title _____
Phone # _____ Email Address: _____

(For Office Use Only) _____

PERSONAL REFERENCES (List one reference, not related to you, that we may contact.)

Name & Title _____
Phone # _____ Email Address: _____

(For Office Use Only) _____

Note to the Applicants: DO NOT ANSWER THESE QUESTIONS 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

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

Some positions require a valid state driver's license, if applicable to this position, do you have a valid Illinois State Driver's License? Yes No; If Yes, Class = D C CDL

Are you willing to work overtime as required? 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 any 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 our 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 _____