

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Qualified applicants receive equal consideration. There is no question asked for the purpose of excluding any applicant due to race, color, religion, sex, age, national origin, ancestry or disability as outlined in the State and Federal Laws or in Executive Orders.



I. Personal

Name: _____ Phone: _____

Address: _____ City: _____

Email: _____

Preferred method of contact: Phone Email

Age Group: 14-15 16-17 18-20 21&Older
(Work permit is required if applicant is younger than 16 at time of application.)

Applying for: Full Time Part Time Seasonal

Position(s) of interest: _____

Are you available to work weekends? YES NO

Do you have a valid Driver's License? YES NO

License Number: _____ Expiration Date: _____

Date Available to Start: _____

Have you ever worked for the Park District? Yes No

If yes, in what position? _____

Are you related to any current Park District employees? Yes No

If yes, please state their name and position: _____

II. Education

Highest Grade of Education Completed: High School _____ College _____

School: _____ City _____

Did you receive a Diploma: Yes No

Degree: _____

Major: _____

Special Honors: _____



III. Employment

History

Please give a complete account of all previous employment, including time spent in military service, and periods of unemployment. List the most recent employer first. You may exclude organization names which indicate sex, race, religion, age, color, national origin or disability. Use additional pages, if necessary.

Location: _____ Supervisor: _____

Address: _____ City: _____ State: _____

Dates of Employment: From _____ To _____

Type of work: _____

Reason for Leaving: _____

Location: _____ Supervisor: _____

Address: _____ City: _____ State: _____

Dates of Employment: From _____ To _____

Type of work: _____

Reason for Leaving: _____

Location: _____ Supervisor: _____

Address: _____ City: _____ State: _____

Dates of Employment: From _____ To _____

Type of work: _____

Reason for Leaving: _____

IV. References: (Please list 3 people other than relatives)

Name: _____ Phone Number: _____

Address: _____ Years Acquainted: _____

Name: _____ Phone Number: _____

Address: _____ Years Acquainted: _____

Name: _____ Phone Number: _____

Address: _____ Years Acquainted: _____

V. Health

Can you perform the essential functions of the job without an accommodation?

Yes (___) No (___) If no, what accommodations are needed?: _____

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VI. Other

1. Have you ever been convicted of a misdemeanor (crime involving dishonesty or violence) or a felony crime? Yes (___) No (___)

If yes, please list date of conviction and county: _____

(Conviction will not necessarily be a bar to employment: each instance and explanation will be considered in relation to the position for which you are applying.)

2. If applying for a job requiring the use of a vehicle, state whether you have received a traffic citation within the last 24 months and, if so, the nature of the violation: _____

3. Are you legally eligible for employment in the United States? Yes (___) No (___)
(Proof of citizenship or immigration status is required upon employment.)

VII. Authorization

I authorize the Lincoln Park District to perform all required background investigations necessary for my employment. I agree to take a pre-placement physical and/or drug screening in addition to any other tests/evaluations required for employment.

I authorize my former employers and listed references to give information concerning me, whether it is in their records (or not), and I release them and their companies from any liability whatsoever. I certify that all statements given on this application are correct and realize that falsification or misrepresentation of this or any other personnel record may prevent employment or result in my discharge. In the event of employment, I agree to abide by all present and subsequently issued rules of the Lincoln Park District.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the employer has the authority to make any assurance to the contrary.

(Signature)

(Date)

Completed application must be returned to:

Lincoln Park District
1400 Railer Way
Lincoln, IL 62656



Volunteer Application Certification

Please Print Clearly

Name: _____

Address: _____

City: _____

Phone: _____

Event: _____

Have you ever been convicted of a sexual offense? _____

Have you ever been convicted of a felony? _____

Parents of volunteers who are under 18 are allowed to sign the document on behalf of their minor children.

Print: _____

Signature: _____

Abigail O'Brien

Executive Director

Lincoln Park District