

Park District of Franklin Park

Employment with the Park District of Franklin Park is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, sex, religion, veteran status, national origin, marital status, mental or physical disability or any other legally protected status.

Date of Application: _____

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

Maiden Name: _____

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

Phone Number: _____ Social Security #: _____

Driver's License # _____ (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 If Yes, give date _____

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):

_____ Corporate Department _____ Swimming Pool _____ Ice Arena
_____ Recreation Department _____ North Park _____ Parks Department
_____ Center Staff _____ Day Camp _____ Intern

Available for: _____ Part Time Employment _____ Full 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 (fill in below):

EDUCATION	SCHOOL Name/Location	Number of Years Completed	MAJOR	YES/NO Degree/Diploma
High School				
College/ University				
Other Training, Education				

Have you ever been convicted of any felony? _____ 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. 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: _____

Have you served in the U. S. Armed Forces _____? Date of duty: _____

Branch of service: _____ Applicable skills acquired: _____

WORK HISTORY (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	

Former 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

Former 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.

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

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the District is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I additionally understand and acknowledge that acceptance of an offer of employment does not create a contractual obligation upon the District to continue to employ me in the future; the length of my employment is not guaranteed. It is further understood that this "*at will*" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by the Executive Director.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will be grounds for dismissal. I understand, also, that I am required to abide by all rules and regulations of the District.

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 _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Arrange Interview: YES NO Date _____

Interview Date _____ Time _____

Interviewed by _____

Position interviewed for _____

Reference Check Done By? _____

Starting date: _____

Pre-employment screenings scheduled? _____

Hired YES NO Position _____

Pay Rate/Salary \$ _____ Department _____

Hired by _____ Date _____

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) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____

2. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____

3. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____