

ALSIP PARK DISTRICT EMPLOYMENT APPLICATION

ALSIP PARK DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with the Alsip 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, 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 BUSINESS OFFICE.

Date of Application: _____

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

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

Phone Number: _____ Social Security #: _____

Driver's License # _____ (If driving is an essential job function.)

If you are under 18 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 (if open availability, please rank preference in numeric order):

_____ Parks Department _____ Outdoor Pool _____ Clerical
_____ Recreation Department _____ Golf Course _____ Other

Position applied for: _____

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

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.

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: _____

Have you served in the U. S. Armed Forces (include National Guard or Reserves) _____? 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	Ending Salary	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	Ending Salary	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	Ending Salary	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:

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) _____

Note to 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 BUSINESS 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 ___

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 120 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 _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Arrange Interview: ___ YES ___ NO If not, why? _____

Date _____ Time _____

Interviewed by _____

Position interviewed for _____

Hired: ___ YES ___ NO If not, why? _____

Pre-employment screenings scheduled? _____

Position _____

Pay Rate/Salary \$ _____ Department _____

Hired by _____ Date _____

**Alsip Park District
Availability Form**

Name: _____

Phone: _____

I am available for work during the season(s) of:

Summer

Fall

Winter

Spring

I am available the day(s) of:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

I am available to work the hours of:

_____ (AM/PM) to _____ (AM/PM)

I am available for:

Full Time

Part Time

Seasonal

If available for part time or seasonal work, list why you are limited to working part time or seasonal: _____

I understand that I may be called to work any of the agreed hours listed above:

Signature

Date