

WILDWOOD PARK DISTRICT EMPLOYMENT APPLICATION FORM

Wildwood Park District is an Equal Opportunity Employer. Employment with the Wildwood 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, sexual orientation, 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 HIRING MANAGER.** Wildwood Park District, 33325 Sears Blvd., Wildwood IL 60030.

Date of Application: _____

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

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

Phone Number: _____

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 (check applicable) (add your agency's departments or positions):

Parks Department Office

Recreation Department

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

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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:

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or position for which you have applied? A review of the activities involved in such a job or position has been given. Yes ___ No ___

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 _____ Date _____ Time _____

Interviewed by _____

Position interviewed for _____

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) _____