



## APPLICATION FOR EMPLOYMENT

ITASCA PARK DISTRICT is an equal opportunity employer. Employment with the Itasca 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 accommodation to the application/interview process should contact a representative of the park district.

### Personal Information

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If you're currently a college student, please provide your college address:

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Position Applying For: \_\_\_\_\_

\*Lifeguards must be 15 years old by April 1<sup>st</sup> of the current year

\*Camp Counselors must be 16 years old by June 1<sup>st</sup> of the current year

\*Fitness and Parks Maintenance must be at least 18 years old

\*If applying for any of these positions, do you meet the age requirements? Yes  No

Desired Department: (check all that apply):  Recreation  Office  Parks  Maintenance

Type of work desired: (check all that apply):  Seasonal  Part-time  Full-time

Please indicate the days and hours you are available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Please indicate the date you are available to begin work: \_\_\_\_\_

If you are under 16 years of age, can you provide a Work Permit?  Yes  No



Are you legally eligible for employment in this country?  Yes  No

Do you have a valid Driver's License?  Yes  No

Are you currently employed?  Yes  No If "Yes," may we contact your employer?  Yes  No

Have you ever worked for the Itasca Park District?  Yes  No

If "Yes," please provide date(s) of employment, position held, department and Supervisor's name:

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Have you ever submitted an application with us before:  Yes  No

Are you willing to work overtime when required?  Yes  No

*The district is required by state statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning applicants offered employment, 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.*

**Education and Employment**

Please provide your Educational Background:

Type of School	Name of School	# of Years Completed	Area of Study	Degree/ Diploma
High School				
College				
Other				



**Please provide your employment history starting with the most recent. Please explain any gaps in your employment.**

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Reason for \_\_\_\_\_ Leaving \_\_\_\_\_  
 May we contact for a reference?  Yes  No

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Reason for \_\_\_\_\_ Leaving \_\_\_\_\_  
 May we contact for a reference?  Yes  No

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 May we contact for a reference?  Yes  No

**Past and current volunteer activities:**

\_\_\_\_\_

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

\_\_\_\_\_

**Language proficiency other than English:** \_\_\_\_\_

**Do you have any previous recreational/park district work experience? If so please describe:**

\_\_\_\_\_

**Please provide personal or professional References (other than relatives):**

Name	Relationship	Company	Telephone	#Yrs Known



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

**Note to Applicant:** 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 administration office.

### APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all 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 Itasca 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.

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.

This application for employment shall be considered active for a period of time not to exceed one year. 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 certify that I have read, fully understand and accept all terms of the foregoing applicant agreement.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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#### FOR OFFICE USE ONLY

Contacted Applicant? \_\_\_\_\_ Date: \_\_\_\_\_

Arranged Interview? \_\_\_\_\_ Date & Time of Interview \_\_\_\_\_

Notes: \_\_\_\_\_

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Initials of Staff reviewing application \_\_\_\_\_