



PARK RIDGE RECREATION AND PARK DISTRICT APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, religion, sex, national origin, citizenship status, ancestry, age, marital status, handicap or disability, or veteran status.

Position(s) applied for:		Date of Application	
Last Name		First Name	
		Middle Name	
Address		City	
		State	
		Zip Code	
Telephone Number(s)		Social Security Number	
Home:		Business:	
Have you ever been employed with us before? (Please circle)			
		Yes No	
If yes, in what capacity?			
Apart from absence for religious observance, are you available for full time work? (Please circle)			
		Yes No	
If you are not available for full time work, what hours can you work?			
Will you work overtime if asked? (Please circle)		When will you be available to begin work?	
Yes No			
If hired, will you be able to provide evidence of your right to work in the United States? (Please circle)			
		Yes No	
<i>Proof of citizenship or immigration status will be required upon employment.</i>			
If you are under 16 years of age, can you provide required proof of eligibility to work? (Please circle)			
		Yes No	
Are you currently employed? (Please circle)		May we contact your present employer? (Please circle)	
Yes No		Yes No	
How did you learn of our organization?			
Have you been convicted of a felony or of a misdemeanor involving violence, sexual misconduct, possession, transportation, or sale of illegal drugs, theft, false statements, fraud or financially related wrong doing within the last 7 years? (Please circle)			
		Yes No	
<i>Conviction will not necessarily disqualify an applicant from employment.</i>			

EDUCATION

	High School	Undergraduate College/University
School Name and City		
Years Completed		
Diploma Date		
Specialized Training, Extra Curricular Activities		

EMPLOYMENT EXPERIENCE

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employment.

Company Name:	Telephone:
Address:	
Name of Supervisor:	Employed (month and year): From: To:
Job Title and/or Job Description:	Reason for leaving:

Company Name:	Telephone:
Address:	
Name of Supervisor:	Employed (month and year): From: To:
Job Title and/or Job Description:	Reason for leaving:

Company Name:	Telephone:
Address:	
Name of Supervisor:	Employed (month and year): From: To:
Job Title and/or Job Description:	Reason for leaving:

REFERENCES

List three persons who are not related to you and who would have knowledge of your qualifications for the position for which you are applying, such as former co-workers, teachers, etc. Do **not** repeat supervisors listed under employment experience.

	Name	Telephone Number	Years known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED				
If the employer has checked the box next to the question, the information requested is needed for legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.				
	Please circle any certifications that apply:	First Aid	CPR	Lifeguard
	Drivers License Number:			
	Are you able to perform the essential tasks of this position, with or without reasonable accommodation? (If yes, please describe)			
	In case of emergency, please notify: (Name, Address, Phone Number)			

CERTIFICATION

I certify that all information provided on this application is completely accurate. I understand that any false statements or omissions may result in my elimination for consideration for employment, or if hired, my termination. I hereby authorize the Park District to make investigation of all statements contained in this application. I authorize the persons listed as references, my former and present employers and educational institutions listed to release any information concerning me that they deem appropriate. I release all parties from any liability that may arise from such disclosure.

I understand that I will be subjected to a criminal background investigation as a condition of employment and that my employment may be contingent upon its results. I further understand that I may be required to submit to a medical examination, including drug screening, as a condition of employment, and that, if hired, I may be required to submit to future medical examinations, including drug screening, at the District's discretion. I understand that my employment or continuation thereof, may be contingent upon the results of any medical examinations, including drug screening.

I understand that, if employed, my employment is for no definite time period and that either the District or I may terminate the employment relationship at any time and for any reason or no reason. I understand that neither this document nor any offer of employment from the District constitutes an employment contract. If I am a part-time employee, I understand that my employment may exceed two consecutive calendar quarters during a calendar year, although I have no right or expectation of rehire by the District in any subsequent quarter. I further understand that no one other than the Park Board has the authority to enter into an agreement contrary to the foregoing and that such agreement must be written and signed by the Board president and by me.

If hired, I agree to comply with and be bound by all of the personnel policies and employee requirements of the District.

I hereby acknowledge that I have read and understand the foregoing and intend to be bound thereby.

Signature: _____ Dated: _____