

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Qualified applicants receive equal consideration. There is no question asked for the purpose of excluding any applicant due to race, color, religion, sex, age, national origin, ancestry or disability as outlined in the State and Federal Laws or in Executive Orders.



## ▪ I. Personal

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

\_ Preferred method of contact: Phone (  ) Email (  )

Age Group: 14-15 (  ) 16-17 (  ) 18-20 (  ) 21&Older (  ) (Work permit is required if applicant is younger than 16 at time of application.)

Applying for: Full Time (  ) Part Time (  ) Seasonal (  ) Position(s) of interest:

\_\_\_\_\_ Are you available to

work weekends? YES (  ) NO (  )

Do you have a valid Driver's License? YES (  ) NO (  )

License Number: \_\_\_\_\_ Expiration

Date: \_\_\_\_\_ Date Available to

Start: \_\_\_\_\_

Have you ever worked for the Park District? Yes (  ) No (  )

If yes, in what

position? \_\_\_\_\_ Are you

related to any current Park District employees? Yes (  ) No (  ) If yes, please

state their name and position: \_\_\_\_\_

## II. Education

Highest Grade of Education Completed: High School \_\_\_\_\_ College \_\_\_\_\_

School: \_\_\_\_\_ City \_\_\_\_\_

Did you receive a Diploma: Yes (  ) No (  )

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Special Honors: \_\_\_\_\_



### III. Employment History

Please give a complete account of all previous employment, including time spent in military service, and periods of unemployment. List the most recent employer first. You may exclude organization names which indicate sex, race, religion, age, color, national origin or disability. Use additional pages, if necessary.

Location: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Type of work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Location: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Type of work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Location: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Type of work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

### IV. References: (Please list 3 people other than relatives)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_ V.

## Health

Can you perform the essential functions of the job without an accommodation?

Yes (  ) No (  ) If no, what accommodations are needed?: \_\_\_\_\_

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## VI. Other

1. Have you ever been convicted of a misdemeanor (crime involving dishonesty or violence) or a felony crime? Yes (  ) No (  )

If yes, please list date of conviction and county: \_\_\_\_\_

(Conviction will not necessarily be a bar to employment: each instance and explanation will be considered in relation to the position for which you are applying.)

2. If applying for a job requiring the use of a vehicle, state whether you have received a traffic citation within the last 24 months and, if so, the nature of the violation: \_\_\_\_\_

3. Are you legally eligible for employment in the United States? Yes (  ) No (  )  
(Proof of citizenship or immigration status is required upon employment.)

## VII. Authorization

I authorize the Lincoln Park District to perform all required background investigations necessary for my employment. I agree to take a pre-placement physical and/or drug screening in addition to any other tests/evaluations required for employment.

I authorize my former employers and listed references to give information concerning me, whether it is in their records (or not), and I release them and their companies from any liability whatsoever. I certify that all statements given on this application are correct and realize that falsification or misrepresentation of this or any other personnel record may prevent employment or result in my discharge. In the event of employment, I agree to abide by all present and subsequently issued rules of the Lincoln Park District.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the employer has the authority to make any assurance to the contrary.

\_\_\_\_\_  
(Date) \_\_\_\_\_ (Signature)

Completed application must be returned to:

Lincoln Park District  
1400 Railer Way  
Lincoln, IL 62656



## Volunteer Application Certification

**Please Print Clearly**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Event: \_\_\_\_\_

Have you ever been convicted of a sexual offense? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Parents of volunteers who are under 18 are allowed to sign the document on behalf of their minor children.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Becky Strait

Executive Director

Lincoln Park District