

Application for Employment

Lan-Oak Park District

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____ Date of application _____ / _____ / _____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk In Private Employment Agency Other _____

Name of Source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone (_____) Social Security Number _____

If necessary, best time to call you at home is _____ am
pm

May we contact you at work?..... Yes No
Yes, work number and best time to call..... (_____) : _____ am
pm

If you are under 18, can you furnish a work permit?..... Yes No

Have you filed an application here before?..... Yes No

If yes, give date..... _____ / _____ / _____

Have you ever been employed here before?..... Yes No

If yes, give dates..... From _____ / _____ / _____ To _____ / _____ / _____

Are you legally eligible for employment in this country?..... Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work..... _____ / _____ / _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-op

Are you on lay-off and subject to recall..... Yes No

Will you relocate if job requires it?..... Yes No Will you travel if job requires it?..... Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No

Have you ever been bonded?..... Yes No

Have you been convicted of a 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

If yes, please explain _____

Driver's License # (if job related) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
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		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Comments (including explanation of any gaps in employment)

Skills and Qualifications- Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying _____

Educational Background

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

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 any time, 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.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

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 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.

Signature of Applicant _____ Date ____ / ____ / ____

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position (s) applied for _____ Date ____ / ____ / ____

Referral Source

Walk-in Government Employment Agency Private Employment Agency
 Employee Relative School
 Advertisement-Source _____ Other _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ ()
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White Black (not of Hispanic origin) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government Contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

Vietnam era Veteran (served 1964-1975) Disabled Veteran Individual with a disability

For Personnel Department Use Only

Position(s) applied for: ٢ Available ٢ Not Available

Date of Interview: _____

Interviewed by: _____

Position interviewed for: _____

Hired ٢ Yes ٢ No

Starting Date _____ / _____ / _____

Pay Rate/Salary \$ _____ Department: _____

From the EEO classifications listed below, which one best describes the position filled _____

- | | | |
|---------------------------|--------------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales Workers | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical Workers | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

Notes _____

Completed by _____ Date _____ / _____ / _____

NAME: _____ PHONE: _____

I AM AVAILABLE FOR WORK DURING THE SEASON(S) OF:

SUMMER FALL WINTER SPRING

I AM AVAILABLE THE DAYS OF:

MON TUE WED THU 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: ____ / ____ / ____