

SOUTH BARRINGTON PARK DISTRICT APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION			
Last Name:	First Name:	Social Security #:	
Current Address:	City:	State:	Zip:
How Long have you lived there?	<i>If less than two years, please provide prior address on the next line:</i>		
Prior Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email Address:	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DESIRED EMPLOYMENT			
Position:	Date you Can Start:	Salary Desired:	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, can we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Department:	When?	
Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Department:	When?	
If you have worked here before, what was your reason for leaving?			
Name of last supervisor at this company:			
How did you hear about this position?			

EDUCATION				
School Level	Name and Location of School	# of years attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or other				

GENERAL
Subjects of Special Study or Research Work:
Special Training:
Special Skills:

REFERENCES					
Below, please give the names of three persons who are not related to you, whom you have known for at least one year.					
	NAME	ADDRESS	PHONE	OCCUPATION	YEARS ACQUAINTED
1					
2					
3					

SERVICE RECORD		
Branch of Service	Discharge Date	Rank

FORMER EMPLOYERS

List below your last three employers, starting with the most recent one first.

Name of Present or Most Recent Employer:

Address:		City:	State:	Zip:
Starting Date:	Leaving Date:	Job Title:		
Weekly Starting Salary:		Weekly Ending Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor:		Title:	Phone:	
Description of Work:				
Reason for Leaving:				

Name of Previous Employer:

Address:		City:	State:	Zip:
Starting Date:	Leaving Date:	Job Title:		
Weekly Starting Salary:		Weekly Ending Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor:		Title:	Phone:	
Description of Work:				
Reason for Leaving:				

Name of Previous Employer:

Address:		City:	State:	Zip:
Starting Date:	Leaving Date:	Job Title:		
Weekly Starting Salary:		Weekly Ending Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor:		Title:	Phone:	
Description of Work:				
Reason for Leaving:				

OTHER INFORMATION

Do you have a valid Illinois Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been found guilty of a crime other than a petty moving violation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Applicant is not obligated to disclose sealed or expunged records of conviction or arrest pursuant to Section 12 of the Illinois Criminal Identification Act, 20ILCS 2630/12.</i> If yes, please explain: _____			
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to any employee of the South Barrington Park District or an elected official? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Name: _____ Relationship: _____			

Applicant Agreement: Release and Certification

Please read before signing. Questions regarding this statement should be directed to any employment interviewer prior to signing.

I hereby certify that all answers to the questions herein are true, accurate and complete to the best of my knowledge. I agree and understand that any false statements, misrepresentations or omissions of fact contained in this application (or any other accompanying or required documents) may cause the rejection of this application or termination of employment without notice or benefits, regardless of how or when discovered. I authorize the investigation of all statements and information contained in this application. I release the South Barrington Park District from any and all liability that might result from conducting a background investigation. I also release from liability anyone supplying information pursuant to such an investigation. I understand that this application is not, nor is it intended to be, a contract of employment. If hired, I agree to abide by all applicable South Barrington Park District rules and regulations. I acknowledge that I have read the above statements and hereby grant permission to verify the information supplied on this application for employment and employment related documents I have provided.

Printed Name: _____

Signature: _____