# **Application For Employment**



#### **Darien Park District**

Administration Office 7301 Fairview Ave · Darien, IL 60561 Phone: 630-968-6400 · Website: www.darienparks.com

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied For			Dat	te of Application	1
How Did You Learn About Us	?				
Advertisement	Friend	☐ Walk-in			
Website	☐ Relative	Other			
Last Name	Fii	rst Name	Mi	ddle Name	
Address					
City		State	Zi	p Code	
Home Phone Number		Cell Phone	Number		
Email Address					
If you are under 18 years of age, car	n you provide require	ed proof of your eligibilit	ty to work?	□ Yes	□ No
Have you ever filed an application	with us before?			□ Yes	□ No
			If Yes, give date		
Have you ever been employed with	us before?			□ Yes	□ No
			If Yes, give date		
Are you related to anyone currently	employed by the Da	rien Park District?		□ Yes	□ No
Are you currently employed?				☐ Yes	□ No
May we contact your present emplo	oyer?			□ Yes	□ No
Are you prevented from lawfully be Immigration Status? <i>Proof of citizen</i>	ecoming employed in			□ Yes	□ No
On what date would you be availab	le for work?				
Are you available to work:	☐ Full Time	☐ Part Time	☐ Season	al	
Are you currently on "lay-off" statu	is and subject to recal	11?		□ Yes	□ No
Have you been convicted of a felon <i>Conviction will not necessarily di</i> If Yes, please explain				□ Yes	□ No
In case of accident or emergency, p	lease notify:				

### **Education**

	Elementary School			High School						graduat Univer		College / Professional					
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities						I				I							
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	
List Professional, trad You may exclude member									age, ai	ncestry	or ha	ndicap	or oth	er prot	tected s	etatus:	
Reference	es																
Give name, email add	ress a	nd tele	ephone	e numb	per of	three r	eferen	ces wl	no are	not re	lated t	o you.					
1																	
2																	
Do you require any spec					_			-	-					Yes		No	
Are you physically or of	herwis	se unab	ole to p	erform	the du	ties of	the job	for wh	ich yo	u are a	pplyin	g?		Yes		No	

## **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates	s Employed	Work Performed
	Address	From		
	Telephone	То		
	Job Title Supervisor			
	Reason for Leaving			
2.	Employer	Date	s Employed	Work Performed
	Address	From		
	Telephone	То		
	Job Title Supervisor			
	Reason for Leaving			
3.	Employer	Date	s Employed	Work Performed
	Address	From		
	Telephone	То		
	Job Title Supervisor			
	Reason for Leaving			
4.	Employer	Dates	s Employed	Work Performed
	Address	From		
	Telephone	То		
	Job Title Supervisor	<u> </u>		
	Reason for Leaving			
	If you need additional spacecial Skills and Qualifications  marize special job-related skills and qualifications accordingly.	_		

### **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date
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Interviewed Yes No	_	
Interviewed by	Title	Date _
Hired: Yes No Position		Dept.
Start Salary/Wage	Date Reporting to Wor	rk
Approved: 1. Department Head	2. Director	
Refer	ence Check	

Notes:		 