

Wauconda Park District APPLICATION FORM

Wauconda Park District IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with the Wauconda Park District is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, sex, religion, veteran status, national origin, marital status, mental or physical disability or any other legally protected status. THOSE APPLICANTS REQUIRING REASONABLE ACCOMODATION TO THE APPLICATION/INTERVIEW PROCESS SHOULD NOTIFY THE HUMAN RESOURCE MANAGER.

Date of Application:

Name:

(Last)

(First)

(Middle)

Address:

(Street)

(City)

(State)

(Zip)

Phone Number: _____ E-mail: _____

Driver's License # _____ (if driving is an essential job function)

If you are under 18 years of age and it is required, can you furnish a work permit?

Yes No

Have you submitted an application here before? Yes No

Have you ever been employed with us before? Yes No
If yes, give dates

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible for employment in this country? Yes No

Application for (check applicable) (add your agency's departments or positions):

Parks Department

Recreation Department

Available for: Part-Time Employment Full-Time Employment Seasonal

Will you be able to meet the attendance requirements of the position? Yes No

Are you willing to work overtime as required? Yes No

Position applied for:

Desired salary/wage? _____ Date available to begin work:

Are you currently on "lay-off" status and subject to recall? ___Yes ___No

EDUCATIONAL BACKGROUND (fill in below):

EDUCATION	SCHOOL Name/Location	Number of years Completed	MAJOR	YES/NO Degree/Diploma
High School				
College/ University				
Other Training, Education				

Have you ever been convicted of any 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

The district is required by state statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning applicants, and shall perform a criminal background check for applicants for all positions, including the position for which you have applied. Applicants are not obligated to disclose sealed or expunged records of convictions. Conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for the district. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific job.

If yes, describe: _____

Have you served in the U.S. Armed Forces (include National Guard or Reserves) _____? Date of duty: _____

Branch of service: _____ Applicable skills acquired: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

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 ANYTIME, 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.

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.

Applicant's Signature _____
Date: _____

Please list skills, licenses, training, etc. applicable to the position for which you are applying:

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE ESSENTIAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. YOU MAY OBTAIN A COPY OF THE JOB DESCRIPTION AT THE BUSINESS OFFICE.**

Are you capable of performing in a reasonable and safe manner, with or without reasonable accommodation, the essential job duties for the job or position for which you have applied?
Yes ___ No ___

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Arrange Interview: ___ Yes ___ No

Date: _____ Time: _____

Interviewed by: _____

Position interviewed for: _____

Starting date: _____

Pre-employment screenings scheduled? _____

Hired ___ Yes ___ No Position: _____

Pay Rate/Salary \$ _____ Department _____

Hired by _____ Date: _____

EMPLOYMENT REFERENCES

PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES, NOT RELATED TO YOU, THAT WE MAY CONTACT.

1. COMPANY

(Check One) _____ Past Employer _____ Other

NAME

ADDRESS

CITY _____ STATE _____ ZIP

PHONE # _____

(For Office Use

Only) _____

2. COMPANY

(Check One) _____ Past Employer _____ Other

NAME

ADDRESS

CITY _____ STATE _____ ZIP

PHONE # _____

(For Office Use

Only) _____

3. COMPANY

(Check One) Past Employer Other

NAME

ADDRESS

CITY _____ STATE _____ ZIP

PHONE # _____

(For Office Use

Only) _____

**Wauconda Park District
Employee Master Form**

Name: _____ SSN: _____

Address:

City: _____ State: _____ Zip _____ DOB: ____/

____/

Cell Phone: _____ e-mail: _____

Emergency Contact: _____ Phone:

Relationship: _____

Sex: M or F Marital Status: _____ Dependents: _____

Date Hired: _____ Supervisor:

Position: _____ Department: _____ Pay Rate: _____ per

US W-4 _____ IL W-4 _____ I-9 _____ Copy of Drivers License and SSN: _____

Criminal Background Check Consent: _____

Health Insurance

Single _____ Married _____ Family _____ Single + _____

Eligibility Form _____ Coordination of Benefits _____ Marriage/Birth Certificates _____

Student Status _____ Voluntary Life and AD&D _____

IMRF

Yes _____ No _____

Form 6.10 _____ Form 6.11 _____ Other: _____

Orientation

Date: _____

Employee Signature Date Supervisor Signature Date

___ Superintendent ___ Faxed to Business Office ___ Director ___ HR Office