

Addison Park District
120 E. Oak Street
Addison, Illinois 60101
(630) 833-0100

Application for Employment/Pre-Employment Questionnaire

Employment with the Addison 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 disabilities.

Position Desired _____ Today's Date _____

Date You Can Start _____ Salary Desired _____

Personal Information

Name _____ Social Security Number _____
Last First Middle

Address _____ City _____ State _____

Phone Number() _____ Birth Date(if under 18 years old) _____

Referred By _____ Drivers License No. _____

Are you currently employed/student? (Please circle one) Full Time _____ Part Time _____

If a full time student, when are you going back to school? _____

Available for: _____ Part Time _____ Full Time _____ 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 May we inquire of your present employer? _____ Yes _____ No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ Yes _____ No

If yes, describe: _____

Have you ever applied to the Addison Park District before? _____ If yes, when? _____

Were you previously employed by the Addison Park District? _____ If yes, when? _____

Position (s)? _____

Type of work _____

Have you served in the U.S. Armed Forces? _____ Yes _____ No Date of duty _____

Branch of service: _____ Applicable skills acquired _____

Honorably discharged? _____ Yes _____ No

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

Former Employers

List below your last three (3) employers, starting with the most recent:

<u>Date</u>	<u>Employer</u>	<u>Position</u>	<u>Reason for Leaving</u>
<u>Month/Year</u>	<u>Name/Address/Phone</u>		
From:			
To: _____			

From:
To: _____

From:
To: _____

NOTE: Please explain any gaps in employment.

References

Provide the names of three (3) persons not related to you, whom you have known at least one year.

<u>Name</u>	<u>Phone</u>	<u>Business</u>	<u>Years Acquainted</u>
1.) _____			
2.) _____			
3.) _____			

<u>Education</u>	<u>Name & Location of School</u>	<u>Years Attended</u>	<u>Graduate</u>	<u>Major</u>
College _____				
High School _____				
Trade/Business/Correspondence School _____				

General

Subjects of special study or research work _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

_____ Yes _____ No _____ Need more information about the job's "essential functions" to respond

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employees, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____ / ____ / ____

Do Not Write Below This Line

Interviewed by: _____ Date _____

Hired: Yes ___ No ___ Position _____ Department _____

Revised 12/08