



Grandwood Park Park District
 36630 N. Hutchins Road
 Gurnee, IL 60031-1567
 (847) 356-0008
 www.grandwoodpark.net

FOR OFFICE USE ONLY

Date _____

Employment Application

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED EVEN IF A RESUME IS ATTACHED.

Personal Information

 LAST NAME FIRST NAME MIDDLE INITIAL

 STREET ADDRESS CITY STATE ZIP

 HOME TELEPHONE NUMBER CELL PHONE NUMBER E-MAIL ADDRESS (Optional)

 POSITION(S) APPLYING FOR SALARY/WAGE DESIRED \$

- REGULAR FULL-TIME
 TEMPORARY PART-TIME

Have you worked for us before? YES NO

If yes, in what capacity, and when? _____

List any relatives or friends working for us: _____

Have you used another last name in which your educational or employment records are filed? YES NO

If yes, please provide name _____

How did you learn of this employment opportunity? _____

Can you perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?

YES NO

Are you legally authorized to work in the United States? YES NO Are you less than 18 years old? YES NO

Have you ever been convicted of a misdemeanor or felony, other than minor traffic violations? YES NO

If yes, please provide details _____

(You are not obligated to disclose sealed or expunged records of convictions or arrest, or expunged juvenile records of adjudication or arrest. Note: A conviction record will not necessarily exclude you from employment. All factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation are taken into account).

If the job for which you are applying requires driving a District vehicle, do you possess a valid driver's license? YES NO

AN EQUAL OPPORTUNITY EMPLOYER

Smoking & Tobacco is not permitted in our facilities or on any Park District property..

Education

NAME AND LOCATION OF SCHOOL	DATES ATTENDED		MAJOR	# OF COURSES COMPLETED	DEGREE OR CERTIFICATE EARNED
	FROM	TO			
HIGH SCHOOL	(NOT APPLICABLE)				
COLLEGE(S)					
BUSINESS, TECHNICAL OR CERTIFICATE PROGRAMS					

Professional registrations, license, and/or certificates and date received:

Additional training, skills, professional memberships, or military training that relate to the position:

Employment History

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED EVEN IF A RESUME IS ATTACHED. Beginning with your current or most recent employer, please complete this section as accurately as possible.

Firm name: _____ Location: _____

From: _____ To: _____ Hours per week: _____

FULL-TIME
 PART-TIME
 TEMPORARY

MO/YR MO/YR

Job title: _____

Describe your duties: _____

Reason for leaving: _____

Supervisor's name: _____ May we contact? YES NO Telephone number: _____

Employment History, continued

Firm name: _____ Location: _____
From: _____ To: _____ Hours per week: _____
MO/YR MO/YR FULL-TIME
 PART-TIME
 TEMPORARY

Job title: _____

Describe your duties: _____

Reason for leaving: _____

Supervisor's name: _____ Telephone number: _____

Firm name: _____ Location: _____
From: _____ To: _____ Hours per week: _____
MO/YR MO/YR FULL-TIME
 PART-TIME
 TEMPORARY

Job title: _____

Describe your duties: _____

Reason for leaving: _____

Supervisor's name: _____ Telephone number: _____

Firm name: _____ Location: _____
From: _____ To: _____ Hours per week: _____
MO/YR MO/YR FULL-TIME
 PART-TIME
 TEMPORARY

Job title: _____

Describe your duties: _____

Reason for leaving: _____

Supervisor's name: _____ Telephone number: _____

References

List the names of persons who know your character, ability or experience and have known you for at least two years. For example, current or former co-workers, neighbors. **Please do not list relatives.**

Name	Relationship	Telephone number

Applicant Comments

I understand that this employment application and any other District documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment, and may be terminated by the District at any time. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I hereby authorize the District to make all reasonable inquiries of current and previous employers and other sources to determine my fitness for hire.

The information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

SIGNATURE

DATE

Thank you for completing this form and for your interest in the Lake County Forest Preserve District. Qualified applicants will be considered for employment without regard to race, color, age, sex, religion, sexual orientation, national origin, ethnic identity, disability, handicap, marital status or veteran status.

The following section is to be completed on a voluntary basis and will be used by Human Resources to satisfy Equal Opportunity Employment Requirements.

Important

In order to comply with federal regulations in the area of Equal Opportunity Employment, employers must have data available on applicant flow patterns (41 CFR60 2.12, 60-741.5, 60-250-5). For this reason, we would appreciate your voluntary cooperation in providing the following information. This information will be treated confidentially and will not result in adverse treatment of any individual. This information may be provided to government officials investigating our compliance status.

GENDER

RACE

VETERAN

DISABLED

OVER 40 YEARS OLD?