

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	
	\$		
POSITION(S) APPLYING FOR	s	ALARY/WAGE DESIRED	
REGULAR FULL-TIME			
TEMPORARY PART-TIME			
Have you worked for us before? □ YES □	I no		
If yes, in what capacity, and when?_			
List any relatives or friends working for us:			
Have you used another last name in which yo	ur educational or employment records	s are filed?	
If yes, please provide name			
How did you learn of this employment opport	tunity?		
Can you perform the essential functions of the	e job for which you are applying, with	or without a reasonable accon	nmodation?
☐ YES ☐ NO			
Are you legally authorized to work in the Uni	ted States? ☐ YES ☐ NO A	re you less than 18 years old?	☐YES ☐NO
Have you ever been convicted of a misdemea	nor or felony, other than minor traffic	violations? □ YES	□NO
If yes, please provide details			
(You are not obligated to disclose sealed or e or arrest. Note: A conviction record will not seriousness and nature of the violation, and re	necessarily exclude you from employ		
If the job for which you are applying requires	driving a District vahiola, do you nos	sess a valid driver's license?	DVES DNO

AN EQUAL OPPORTUNITY EMPLOYER

Education

DATES ATTENDED FROM TO

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NAME AND LOCATION OF SCHOOL	FROM	TO	MAJOR	an a	DEGREE OR CERTIFICATE EARNED
HIGH SCHOOL		(N	OT APPLICABLE)		
COLLEGE(S)					
BUSINESS, TECHNICAL OR CERTIFICATE PROGRAMS					
		I		l	
Professional registrations, license, and/or cer	tificates a	and date	received:		
Additional control and the conformal according	1 1				•
Additional training, skills, professional mem	bersnips,	or mini	ary training that reis	ate to the posit	10П:
Employment History					
imployment rustory					
ALL SECTIONS OF THIS APPLICATION MUST ecent employer, please complete this section				IE IS ATTACHE	D. Beginning with your current or m
ecent employer, please complete this section	i as accui	atery as	possioie.		
Firm name:				Location:	
					□ FULL-TI □ PART-TI
From: To: MO/YR MO/	YR		<u> </u>	Hours per weel	C: ☐ TEMPO
ob title:					
Describe your duties:					
Reason for leaving:					
Supervisor's name		May w	contact? Dves [NO Telen	hone number:

Employment History, continued

Firm name:		Location:	
From: MO/YR	To:	Hours per week:	☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY
Job title:			
Describe your duties:			
Reason for leaving:			
Supervisor's name:		Telephone number:	
Firm name:		Location:	
	_		☐ FULL-TIME ☐ PART-TIME
From: MO/YR	To:	Hours per week:	☐ TEMPORARY
Job title:			
Describe your duties:			
Reason for leaving:			
Supervisor's name:		Telephone number:	
Firm name:		Location:	
Ename	Tar	Harris and models	□ FULL-TIME □ PART-TIME
From: MO/YR	To: MO/YR	Hours per week:	☐ TEMPORARY
Job title:			
Describe your duties:			
Reason for leaving:			
Supervisor's name:		Telephone number:	

ReferencesList the names of persons who know your character, ability or experience and have known you for at least two years. For example

Name		Relationship		Telephone number
Applicant Commen	ts			
ndividual who is hired	may voluntarily lea		terminated by the District	at any time. I understand that any at any time. I understand that any pon by any prospective or existing
hereby authorize the I	District to make all r	easonable inquiries of curren	and previous employers a	and other sources to determine my
		lication is true and complete sidered as cause for possible		ge. I understand that if I am
IGNATURE				DATE
•	nent without regard	your interest in the Grandwo to race, color, age, sex, religi n status.	_	
		ction is to be completed	•	
used	by Human Resoi	urces to satisfy Equal Op	pportunity Employmen	t Requirements.
mportant				
applicant flow patterns providing the following	(41 CFR60 2.12, 60 information. This is	-741.5, 60-250-5). For this re	eason, we would appreciat nfidentially and will not re	ers must have data available on e your voluntary cooperation in sult in adverse treatment of any e status.
GENDER	RACE	VETERAN	DISABLED	OVER 40 YEARS OLD?