

## APPLICATION FOR EMPLOYMENT

### VETERANS PARK DISTRICT

44 W. Golfview Drive  
Northlake, IL 60164  
(708) 343-5270

An Equal Opportunity Employer

#### APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone			E-mail Address				
Last Four Numbers of Social Security Number				Driver's License #			
Position(s) Applying for							

Referred by:    Full-Time Staff    Part-Time Staff    Seasonal Staff    Advertisement    Friend    Relative

Other:

Are you 16 years of age or older?    YES    NO    Are you currently a student?    YES    NO

**Have you ever worked for Veterans Park District?**    YES    NO    **If so, when?**

Are you currently employed?    YES    NO

If employed, can you provide proof of authorization to work in the U.S.?    YES    NO

Have you ever been convicted of a felony?    YES    NO

(Answering "yes" will not necessarily disqualify you from being hired. Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.)

#### AVAILABILITY

Date available to begin work \_\_\_\_\_

If applying for a seasonal position, what is the last date you are available to work? \_\_\_\_\_

**Please enter the times you are available to work below:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

**EDUCATION**

	Name/Location	Dates Attended	Major	Degree/Diploma
High School				
College or University				
Other Training or Education				

**EMPLOYMENT HISTORY**

Employer		Phone	
Address		Supervisor	
Title and Responsibilities			
Dates of Employment		Reason for Leaving	

Employer		Phone	
Address		Supervisor	
Title and Responsibilities			
Dates of Employment		Reason for Leaving	

Employer		Phone	
Address		Supervisor	
Title and Responsibilities			
Dates of Employment		Reason for Leaving	

**SPECIAL SKILLS/QUALIFICATIONS**

*List any other special skills, qualifications, or training that are applicable for the position for which you are applying.*

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## PERSONAL REFERENCES

Please list three references, not related to you, that we may contact.

Name and Occupation	Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## APPLICANTS UNDER SIXTEEN

Applicants under sixteen years of age must obtain an Illinois Department of Labor Employment Certificate (**Work Permit**) from their school and attach it to this application

_____ Current Age	Birth Date: ____ / ____ / ____	_____ School Counselor or Principal	( ____ ) ____ - ____ Phone No.
What type of transportation will you use to get to work, if hired? Circle One			
Walk	Drive	Bicycle	Get a Ride
Shirt Size:      S      M      L      XL      XXL			

## APPLICANT'S CERTIFICATION AND SIGNATURE

I certify that all the information submitted on this application is true and complete, to the best of my of knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. 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. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause.

I understand that a criminal background check and results acceptable to Veterans Park District are a condition of employment with Veterans Park District.

Signature	_____	Date	_____
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# BACKGROUND INFORMATION RELEASE FORM

## Please return this form to the Veterans Park District Immediately

I, the undersigned, in connection with this application, authorize all corporations, companies, credit agencies, educational institutions, person, law enforcement agencies, military services and former employers to release information they may have about me to Veterans Park District or its agents and release them from any liability or responsibility from doing so.

Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

### Please Print Neatly

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Full Printed Name: \_\_\_\_\_

Maiden Last Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
House Number Street

\_\_\_\_\_  
City State Zip Code

Job Title: \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

State of Driver's License \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*\*\*\*\*Copy of DRIVER'S LICENSE or STATE ID is required \*\*\*\*\*