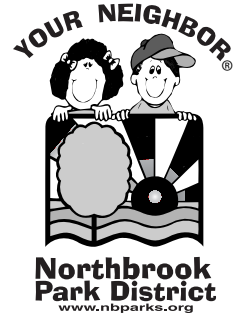


# APPLICATION FOR EMPLOYMENT

[4:14:04\_IN\_069]

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



**(PLEASE PRINT)**

Position(s) Applied For:	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement (If Newspaper, which paper?) _____ <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Website	

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Last Name		
First Name	M.I.	
Address (street)		
City	State	Zip
Telephone(s):	Day	Evening
Social Security Number (voluntary)		

**AGE**

<input type="checkbox"/> UNDER 18	<input type="checkbox"/> OVER 18 For positions requiring operation of power driven equipment or any hazardous occupation.	<input type="checkbox"/> OVER 21 For positions dispensing liquor.
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Have you ever been employed with us before? If Yes, give date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your relatives work here? If Yes, state name, relationship and work location: <i>Name: Relationship: Work Location:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When would you be available for an interview? _____		
Are you available to work: <input type="checkbox"/> Full-Time (if hired) - What date would you be available to work? _____		
<input type="checkbox"/> Part-Time (if hired) - What date/days/hours would you be available to work? _____		
Date: _____ Days: _____ Hours: _____		
<input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary		

**ALL POSITIONS REQUIRE AN ILLINOIS STATE POLICE BACKGROUND CHECK.**

*Conviction will not necessarily disqualify an applicant from employment.  
"You are not required nor will you be asked to report whether you have a sealed conviction or arrest."*

Have you been convicted of a felony within the last 7 years?  Yes (please explain below)  No

\_\_\_\_\_

\_\_\_\_\_

# EDUCATION

School Name and Location	High School				Junior College or Technical School				Undergraduate College/University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Years Completed																
Diploma/Degree																
Describe Course of Study																
Describe any specialized training, apprenticeship, skills and extra-curricular activities																
Describe any honors you have received																
State any additional information you feel may be helpful to us in considering your application																

List certifications including expiration dates:

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List professional, trade, business, volunteer or civic activities and offices held:

*You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, or handicap or other protected status.*

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# SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. Include any experience working with adults or children with disabilities, in recreation or other settings:

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related, military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Date Employed		Work Performed
Address		To	From	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving		Starting	Ending	

Employer		Date Employed		Work Performed
Address		To	From	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving		Starting	Ending	

Employer		Date Employed		Work Performed
Address		To	From	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving		Starting	Ending	

Employer		Date Employed		Work Performed
Address		To	From	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving		Starting	Ending	

## REFERENCES

List three persons who are not related to you and who would have knowledge of your qualifications for the position for which you are applying, such as former co-workers, teachers, etc. **Do Not** repeat supervisors listed under experience.

Name	Address	Telephone	Years Known
1			
2			
3			

# APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete to the best of my knowledge. I understand that a background check is necessary.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. I authorize the Northbrook Park District to contact the references and employers listed on the previous page unless otherwise noted.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Northbrook Park District.

The Northbrook Park District is a drug free environment. Some positions may be subject to either periodic or random drug and alcohol tests.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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If you are applying for a position that may require driving during working hours, do you have a valid drivers license?       Yes       No

The Northbrook Park District requires authorization to check/validate your license with the Secretary Of State if you are required to drive for the District. If you are applying for this type of job, please sign the following:

I \_\_\_\_\_ agree to provide my drivers license so it may be copied for validating. I authorize the Northbrook Park District to validate/check my drivers license with the Secretary Of State as they deem necessary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date