

EDUCATION

Type of School	Name and Location of School	How many years did you complete?	Major Area of Study	Did you receive a degree?	Type of Degree
High School/GED		<input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/> -3 <input type="checkbox"/> -4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/> -3 <input type="checkbox"/> -4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Professional		<input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/> -3 <input type="checkbox"/> -4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAINING, LICENSES, OTHER SKILLS

Exclude those activities that indicate race, color, religion, sex, national origin, age, ancestry, marital status, unfavorable discharge from the military, physical or mental handicap or disability unrelated to job requirements, or any other legally protected status.

Describe any specialized job skills, qualifications, trainings, apprenticeships, or extra-curricular activities completed or honors received:

Do you hold any special licenses or certifications which would make you uniquely qualified for this job? (i.e., Pesticide license; CDL; Ellis & Assoc. Certification; CPR, etc.) Yes No

If yes, please list licenses or certification numbers and expiration dates below:

License or Certification	Expiration Date

REFERENCES

List name and telephone of three business or work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

EMPLOYMENT HISTORY

Are you currently employed?

Yes No

Are you currently on "lay-off" status and subject to recall?

Yes No

Fill in below, beginning with most current employment

Employer	Telephone ()	Dates Employed		Work Performed & Job Duties
		From	To	
Job Title				_____
Immediate Supervisor	Title			_____
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No			_____
Reason for leaving:				_____

Employer	Telephone ()	Dates Employed		Work Performed & Job Duties
		From	To	
Job Title				_____
Immediate Supervisor	Title			_____
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No			_____
Reason for leaving:				_____

Employer	Telephone ()	Dates Employed		Work Performed & Job Duties
		From	To	
Job Title				_____
Immediate Supervisor	Title			_____
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No			_____
Reason for leaving:				_____

NOTE: Please explain any gaps in employment: _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE ESSENTIAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable and safe manner, with or without reasonable accommodation, the essential job duties for the job or position for which you have applied?

Yes No

APPLICANT'S CERTIFICATION, AGREEMENT AND RELEASE

I certify that all the information submitted by me on this application is true and complete, and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and hereby release and waive any claim against the Park District which may allegedly arise from such investigation. 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. In consideration of my employment, I agree to conform to the Park District's rules and regulations, and I agree that my employment is "at-will" and my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at either my or the Park District's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause, and with or without notice at any time by the Park District.

I understand that a successful criminal background check is a condition of employment or volunteering with the Decatur Park District. I consent to the Decatur Park District obtaining my criminal conviction history from the Illinois State Police and/or FBI. I understand I will be provided a copy of the criminal background check if any convictions are reported and it is my duty under the law to notify the Decatur Park District within 7 working days if the information is inaccurate or incomplete. I hereby fully release and discharge the Decatur Park District, its officers, agents and employees, from any and all claims for damages which may arise from participating in or as a result of the criminal background check, except for willful and wanton conduct.

To further improve our risk management program, we annually require a check of employee driving records. All new or current full-time and part-time employees responsible for operating agency vehicles or who drive in the course of employment will have their driving record abstract requested through the Secretary of State's office. I authorize the Decatur Park District to review my driving record through the Secretary of State's office and I understand that a poor driving record may disqualify me from operating agency vehicles or drive as a part of my employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that if I am hired, I will be required to provide proof of identity and information for compliance with the Immigration Reform and Control Act.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Arrange Interview: Yes No Interview Date: ___/___/___ Time: _____
Interviewed By: _____ Position Interviewed For: _____
Hired: Yes No Start Date: ___/___/___ Pay Rate/Salary: \$ _____
Job Title: _____ Department: _____
Job Classification: Full Time Exempt Full Time Non-Exempt Part Time Grade #1 Part-Time
 Union - Full Time Union - Seasonal
Pre-Employment Screening Scheduled: Yes No Date: _____ Time: _____
Hired By: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATIONS TO:

Decatur Park District, 620 E. Riverside Ave., Decatur, IL 62521

Phone: 217-422-5911 • Fax: 217-421-7422 • www.decatour-parks.org