Application for Employment

York Center Park District
1609 S. Luther Avenue
Lombard, IL 60148-5070
Phone: 630.629.0886
Fax: 630.629.0888
E-mail: ycpdfun@yahoo.com

PLEASE PRINT

Equal access to programs, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Referral Source ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency
☐ Walk-in ☐ Private Employment Agency ☐ Other _____

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # (____)_____ Mobile/Other Phone # (____)_____ Email:_____

If necessary, best time to call you at home is ..... ____ : ____ AM PM

May we contact you at work? ..... ☐ Yes ☐ No

If yes, work number and best time to call ..... (____)_____ ____ : ____ AM PM

If you are under 18 and it is required, can you furnish a work permit? ..... ☐ Yes ☐ No

If no, please explain _____

Have you submitted an application here before? ..... ☐ Yes ☐ No

If yes, give date(s) ..... ____/____/____

Have you ever been employed here before? ..... ☐ Yes ☐ No

If yes, give dates ..... From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? ..... ☐ Yes ☐ No

Date available for work ..... ____/____/____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Will you relocate if job requires it? ..... ☐ Yes ☐ No Will you travel if job requires it?..... ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? ..... ☐ Yes ☐ No

Will you work overtime if required? ..... ☐ Yes ☐ No

If no, please explain _____

Have you ever been bonded? ..... ☐ Yes ☐ No

Have you been convicted of a crime in the last seven (7) years? ..... ☐ Yes ☐ No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	DATES EMPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES ☐ YES ☐ NO ☐ LATER				

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	DATES EMPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES ☐ YES ☐ NO ☐ LATER				

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background IF JOB-RELATED

A. List last three (3) schools attended, starting with most recent. **B.** List numbers of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/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
	( )	
	( )	
	( )	

Additional Information

List professional, trade, business, or civic associations and any offices held.
EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards,etc.
EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's services, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, If I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.
I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/_____