

Application For Employment



Darien Park District

Administration Office
7301 Fairview Ave · Darien, IL 60561
Phone: 630-968-6400 · Fax: 630-968-7844

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

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

- Advertisement Friend Walk-in
 Website Relative Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code

Home Phone Number _____	Social Security Number
Cell Phone Number _____	
Email Address _____	Drivers License Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you related to anyone currently employed by the Darien Park District? Yes No

If Yes, give name _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Seasonal

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

In case of accident or emergency, please notify: _____

Education

	Elementary School					High School				Undergraduate College / University				College / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
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 Professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Do you require any specialized accommodations to perform the tasks of the job you are applying for? Yes No

If Yes, please explain _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

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.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone		Hourly Rate / Salary	
Job Title	Supervisor	Starting	Final
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone		Hourly Rate / Salary	
Job Title	Supervisor	Starting	Final
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone		Hourly Rate / Salary	
Job Title	Supervisor	Starting	Final
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone		Hourly Rate / Salary	
Job Title	Supervisor	Starting	Final
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In 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 employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewed Yes _____ No _____

Interviewed by _____ Title _____ Date _____

Hired: Yes ____ No ____ Position _____ Dept. _____

Start Salary/Wage _____ Date Reporting to Work _____

Approved: 1. _____ 2. _____
Department Head Director

Reference Check

Notes: _____
