



Hanover Park Park District
1919 Walnut Avenue, Hanover Park, IL 60133 630-837-2468

APPLICATION FOR EMPLOYMENT

Applicant Name

Date

Position Applied For

Revised 9-3-2019

The Hanover Park District is an EQUAL OPPORTUNITY EMPLOYER. Employment with the Hanover Park District is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, sex, religion, veteran status, national origin, marital status, mental or physical disability or any other legally protected status. Those applicants requiring reasonable accommodation to the application/interview process should notify the Human Resource Manager.

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ Email Address: _____

Driver's License # _____ (If driving is an essential job function.)

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

*If applying for a seasonal position (aquatics or camp) will you be at least 15 years of age by June 1st?..... ☐ Yes ☐ No

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

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

Application for (check applicable):

- | | |
|--|--|
| <input type="checkbox"/> Parks Department | <input type="checkbox"/> Youth Programs (Camp/After School Programs) |
| <input type="checkbox"/> Recreation Department | <input type="checkbox"/> Athletic Department |
| <input type="checkbox"/> Athletic/Fitness Club | <input type="checkbox"/> Aquatics Department |

Application for: ☐ Part Time Employment ☐ Full Time Employment ☐ Seasonal

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

Are you willing to work overtime as required?..... ☐ Yes ☐ No

Position applied for: _____

Desired salary/wage? _____ Date available to begin work: _____

In case of emergency, contact: _____ Phone: _____

How did you hear about this position (Please check those which apply):

- | | |
|--|-----------------------|
| <input type="checkbox"/> Newspaper | Which Paper? _____ |
| <input type="checkbox"/> Personnel Office Announcement | Where? _____ |
| <input type="checkbox"/> Suggested by friend or acquaintance | Who? _____ |
| <input type="checkbox"/> Referred by Agency | Which Agency? _____ |
| <input type="checkbox"/> Other than listed above | Please specify: _____ |

EDUCATIONAL BACKGROUND (fill in below):

EDUCATION	SCHOOL Name/ Location	Number of Years Completed	MAJOR	YES/NO Degree/ Diploma
High School				
College/ University				
Other Training, Education				

Have you ever been convicted of any felony? ____ YES ____ NO.

Have you ever been convicted of a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery, or any criminal drug statute? ____ YES ____ NO

The district is required by state statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning applicants, and shall perform a criminal background check for applicants for all positions, including the position for which you have applied. Applicants are not obligated to disclose sealed or expunged records of convictions. Conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for the district. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific job.

If yes, describe: _____

Have you served in the U. S. Armed Forces (include National Guard or Reserves) _____?

Date of duty: _____ Branch of service: _____

Applicable skills acquired: _____

WORK HISTORY (fill in below, beginning with most current employment).

Most recent employer	Address	Phone
Date started	Starting Position	
Date left	Position on leaving	
Name and title of supervisor		
Description of duties	Reason for leaving	

Employer	Address	Phone
Date started	Starting Position	
Date left	Position on leaving	
Name and title of supervisor		
Description of duties	Reason for leaving	

Employer	Address	Phone
Date started	Starting Position	
Date left	Position on leaving	
Name and title of supervisor		
Description of duties	Reason for leaving	

NOTE: Please explain any gaps in employment.

Please list skills, licenses, training, etc. applicable to the position for which you are applying:

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. YOU MAY OBTAIN A COPY OF THE JOB DESCRIPTION AT THE BUSINESS OFFICE.

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 AND AGREEMENT

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.

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

Date _____ Time _____

Interviewed by _____

Position interviewed for _____

Starting date: _____

Pre-employment screenings scheduled? _____

Hired ____ YES ____ NO Position _____

Pay Rate/Salary \$ _____ Department _____

Hired by _____ Date _____

EMPLOYMENT REFERENCES

PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES, NOT RELATED TO YOU, THAT WE MAY CONTACT.

1. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____

2. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____

3. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____