

GENOA TOWNSHIP PARK DISTRICT JOB APPLICATION

GENOA TOWNSHIP PARK DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with the Genoa Township 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, sexual orientation, veteran status, national origin, marital status, mental or physical disability or any other legally protected status. THOSE APPLICANTS REQUIRING REASONABLE ACCOMODATION TO THE APPLICATION/INTERVIEW PROCESS SHOULD NOTIFY THE EXECUTIVE DIRECTOR.

Date of Application: _____

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

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

Phone Number: _____ Email: _____

Best time to contact you: _____

If you are under 16 years of age and it is required, can you furnish a work permit? ____ Yes ____ No

Have you submitted an application here before? ____ Yes ____ No

Have you ever been employed with us before? ____ Yes ____ No If Yes, give dates _____

Are you currently employed? ____ Yes ____ No May we contact your present employer? ____ Yes ____ No

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

Application for (check applicable):

Fitness Center

_____ Parks Department

_____ Lifeguard-Pool

_____ Front Desk

_____ Recreation Department

_____ Concessions/Admissions-Pool

_____ Kidz Zone

_____ Athletics/Ref/Coach

_____ Child Care (Summer Camp, After School)

_____ Personal Trainer/Instructor

_____ Other (state position Applying for) _____

Available 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: _____

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

AVAILABILITY:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							

Hours per week you would like to work: _____

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 offered employment, 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).

Employer	Address	Phone
Date Started	Starting Salary	Starting Position
Date Left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reason for Leaving

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Date Started	Starting Salary	Starting Position
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Date Started	Starting Salary	Starting Position
Date Left	Salary on Leaving	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 _____

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) _____

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 _____