

APPLICATION FOR EMPLOYMENT

CANTON PARK DISTRICT
250 SOUTH AVENUE D
CANTON, ILLINOIS 61520



DEPARTMENT:

<input type="checkbox"/> Administration Office	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Recreation Center
<input type="checkbox"/> Grounds/Maintenance	<input type="checkbox"/> Golf Range	<input type="checkbox"/> Lakeland
<input type="checkbox"/> Park Police	<input type="checkbox"/> Baseball/Softball Program	<input type="checkbox"/> Internship
<input type="checkbox"/> Recreation/Sports	<input type="checkbox"/> Concessions	<input type="checkbox"/> Other _____

POSITION APPLIED FOR: _____

WORK PREFERENCE: Full Time Part Time Seasonal Volunteer

REFERRAL SOURCE: Walk-in Employee Relative Advertisement

Name of source (if applicable) _____

LAST NAME:		FIRST NAME:		MIDDLE:	
ADDRESS (Street):					
CITY:		STATE:		ZIP:	
TELEPHONE(s):	DAY:	EVENING:	OTHER:		
SOCIAL SECURITY NUMBER:			AGE: <input type="checkbox"/> OVER 18 (For positions requiring operation of power equipment or any hazardous occupation.		AGE: <input type="checkbox"/> UNDER 18
Do you have a valid State of IL driver's license?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a valid State of IL CDL license?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHAT CLASS CDL LICENSE _____				CLASS:	
Are you legally eligible to work in the U.S.?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you physically capable of performing tasks required by the job you are applying for?				<input type="checkbox"/> YES	<input type="checkbox"/> NO

EDUCATION	Name and Location of School	Circle Last Year Completed				Did You Graduate ?	Subjects Studied & Degree(s) Received
		9	10	11	12		
High School						<input type="checkbox"/> YES <input type="checkbox"/> NO	
College						<input type="checkbox"/> YES <input type="checkbox"/> NO	
College						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade, Business, or Other School						<input type="checkbox"/> YES <input type="checkbox"/> NO	

MILITARY SERVICE	Have you ever served in the U.S. Military?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Rank at time of discharge ↓	<input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> USCG <input type="checkbox"/> Nat'l Grd	Type of Discharge <input type="checkbox"/> Honorable <input type="checkbox"/> Medical <input type="checkbox"/> Less than honorable <input type="checkbox"/> Dishonorable
	If YES, enter dates of service	FROM	TO			

PAST EMPLOYMENT, CERTIFICATIONS, TRAINING, EXPERIENCE, & REFERENCES

Employer:		Date Employed		Work Performed
Address:		To	From	
Telephone #:				
Job Title	Supervisor	Hourly Rate/Salary		
Reason For Leaving:		\$	Per	

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Horticulture	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mechanics	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Plumbing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Food Service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Carpentry	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Electricity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Concrete	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Turf Management	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tractors & Mowers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Janitorial	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Coaching	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Recreation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Computers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	First Aid	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CPR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CPR/PR	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WSI	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Lifeguard	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LGI	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CPO/AFO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CPSI	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CTRS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CPRP	<input type="checkbox"/> YES	<input type="checkbox"/> NO

REFERENCE NAME	REFERENCE TELEPHONE	YEARS KNOWN REFERENCE

ALL POSITIONS REQUIRE AN ILLINOIS STATE POLICE BACKGROUND CHECK

The District is required by state statute (70 ILCS 120 5/8-23) 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.

I certify that all of 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(s). I further understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated. In consideration of my employment, I agree to conform to the Park District's rules and regulation and 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 any time, 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. I also understand that a criminal background check as described above will be conducted and that I may be required to submit to drug & alcohol testing.

Applicant Signature Date

Do Not Write Below This Line – Office Use Only

Interview Date:	Interviewed By:	Position:
Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	INS Form I-9 Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	IRS W-4 Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pay Rate \$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Annual	Notes: