



Employment Application (updated 2011) Date of Application: _____

First Name _____ Last Name _____

Contact # _____ Address: _____

City _____ State _____ Zip _____

Email _____ Position Applying For _____

Are you legally eligible for employment in this country? Yes _____ No _____
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Are you at least 16 yrs of age? Yes ___ No ___ Are you at least 18 years of age? Yes ___ No ___

Desired Wage _____ Date available to begin work _____

The District is required by state statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning applicants offered employment, and shall perform 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.

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 batter, or any criminal drug state? Yes _____ No _____

If you answered yes to the above questions(s) regarding convictions, please describe below:

High School: _____ Yrs completed _____

College: _____ Yrs completed _____ Degree Awarded _____

Major(s): _____ Minor(s) _____

Grad School _____ Yrs completed _____ Degree Awarded _____

Major(s): _____ Minor(s) _____

Please list skills, licenses, training, etc. applicable for the position for which you are applying; or any qualification that you think would assist us in evaluating your application.

Employment History

Employer _____ Supervisor's Name _____
Dates Employed _____ Phone # _____
Reason for Leaving _____

Employer _____ Supervisor's Name _____
Dates Employed _____ Phone # _____
Reason for Leaving _____

Employer _____ Supervisor's Name _____
Dates Employed _____ Phone # _____
Reason for Leaving _____

Volunteer Work

Organization _____ Supervisor's Name _____

Organization _____ Supervisor's Name _____

References

Name _____ Title _____
Relationship _____ Phone # _____

Name _____ Title _____
Relationship _____ Phone # _____

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 Ridgeville 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 Ridgeville 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 any time, at eight my or the Ridgeville Park District's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the Ridgeville 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.

Signature of Applicant

Date