

# APPLICATION FOR EMPLOYMENT

CANTON PARK DISTRICT  
250 SOUTH AVENUE D  
CANTON, ILLINOIS 61520



**DEPARTMENT:**

<input type="checkbox"/> Administration Office	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Concessions
<input type="checkbox"/> Park Maintenance	<input type="checkbox"/> Golf Range	<input type="checkbox"/> Lakeland
<input type="checkbox"/> Park Police	<input type="checkbox"/> Recreation/Sports	<input type="checkbox"/> Internship
<input type="checkbox"/> Ingersoll Airport	<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:		MIDDLE:	
FIRST NAME:			
ADDRESS (Street):			
CITY:		STATE:	ZIP:
TELEPHONE(s):	DAY:	EVENING:	OTHER:
E-Mail:		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 ? <input type="checkbox"/> YES <input type="checkbox"/> NO	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	

<b>MILITARY SERVICE</b>	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
	If YES, enter dates of service	FROM	TO			<input type="checkbox"/> Honorable <input type="checkbox"/> Medical <input type="checkbox"/> Less than honorable <input type="checkbox"/> Dishonorable

## PAST EMPLOYMENT, CERTIFICATIONS, TRAINING, EXPERIENCE, & REFERENCES

Employer:		Date Employed		Work Performed
Address:		From	To	
City, State, Zip Code:				
Supervisor:	Telephone #:	Job Title:		
Reason For Leaving:				

  

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Address:		From	To	
City, State, Zip Code:				
Supervisor:	Telephone #:	Job Title:		
Reason For Leaving:				

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