

Mt. Prospect Park District

Date _____

EMPLOYMENT APPLICATION

Applicant, select division applying to (if known) <input type="checkbox"/> Recreation <input type="checkbox"/> Maintenance <input type="checkbox"/> Golf <input type="checkbox"/> Admin/HR <input type="checkbox"/> Communications
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Each applicant will be given employment consideration based on individual merit without discrimination because of race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status.

NAME

Please print Last First Middle initial

ADDRESS

Street City State Zip

PHONE NO.

Home Cell

ARE YOU AT LEAST 16 YEARS OLD? YES ___ NO ___

HAVE YOU WORKED FOR THE MT. PROSPECT PARK DISTRICT BEFORE? YES ___ NO ___

IF YES, PLEASE GIVE DATES OF EMPLOYMENT AND POSITIONS HELD:

APPLYING FOR ___ FULL TIME ___ PART TIME ___ SEASONAL

POSITION APPLYING FOR _____ SECOND CHOICE _____

DATE YOU CAN START _____ DESIRED PAY RATE/HOUR _____

DESCRIBE ANY SPECIAL QUALIFICATIONS, TRAINING OR EXPERIENCE WHICH YOU BELIEVE WILL HELP YOU TO BE SUCCESSFUL IN THIS POSITION:

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES ___ NO ___
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ NO ___ IF YES, PLEASE EXPLAIN

Education

Type of School	School & Location	Number of Years	Did You Graduate	Major/Minor
College				
High School				
Other				

Work History

Company Name & Address	Contact Person & Phone Number	Employment Dates	Nature of Work	Beginning & Ending Salary	May we contact current or past employers *Yes or No

** By indicating "yes" the Mt. Prospect Park District may contact my current and/or any previous employers and I release the Mt. Prospect Park District from any and all claims on account thereof.*

I am available to work (part time/seasonal employees only)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm

Name & Phone Number of Personal References (other than relatives)

1. _____
2. _____
3. _____

I hereby certify that the foregoing information is true and in my own handwriting and that any false statements on this employment application may be considered cause for dismissal.

Applicant Signature

For full time positions, a pre-employment physical will be conducted after a conditional offer of employment has been extended.