



Date \_\_\_\_\_

# Application for Employment

Pre-Employment Questionnaire • An Equal Opportunity Employer

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Email: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Primary Phone: \_\_\_\_\_ Are you 18 years or older? **Yes**  **No**

Are you legally permitted to be employed by the Park District under current State and Federal law? **Yes**  **No**

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Desired salary: \_\_\_\_\_

Are you currently employed? **Yes**  **No**  If so, may we inquire of your present employer? **Yes**  **No**

Have you applied to CHPD before? **Yes**  **No**  Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred by: \_\_\_\_\_

## EDUCATION

Level of Education	Name and Location of School	Years Attended	Did You Graduate?	Subject Studied
Grammar School			<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
High School			<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
College			<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Trade, Business or Correspondence School			<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	

## GENERAL

Subjects of special study or research work: \_\_\_\_\_

Special skills: \_\_\_\_\_

Activities (civic, athletic, etc.): \_\_\_\_\_

Exclude organizations, the name of which indicated the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. Military/Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Present membership in National Guard or reserves: \_\_\_\_\_

Last  
First  
Middle

## FORMER EMPLOYERS

List below last three employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Position	Reason for Leaving
From:			
To:			
From:			
To:			
From:			
To:			

Which of these jobs did you like best?

What did you like most about this job?

## REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

	Name	Email	Phone	Years Acquainted
1.				
2.				
3.				

The following statement applies in Maryland & Massachusetts. (Fill in name of state)

It is unlawful in the state of \_\_\_\_\_ to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Signature of Applicant: \_\_\_\_\_

In case of emergency, notify:

Name	Address	Phone

I certify that all the information submitted by me on this application is true and complete, and I 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 at any time.

The applicant hereby voluntarily and knowingly grants the Clarendon Hills Park District the authority to obtain, inspect and copy my personnel records from my former employers and waive all notice requirements which otherwise apply to such inspection and copying. If the Clarendon Hills Park District makes me a conditional offer of employment, I hereby grant the Clarendon Hills Park District the authority to perform a background check to confirm my eligibility for employment. I have been notified that I am not obligated to disclose expunged juvenile records of adjudication, arrest or conviction.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company'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 company. I understand that no company representative, other than it's Board of Park Commissioners, and then only when in writing and signed by the president, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Neatness: \_\_\_\_\_ Ability: \_\_\_\_\_

Hired: **Yes**  **No**  Position: \_\_\_\_\_ Department: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Date reporting to work: \_\_\_\_\_

Approved: **1.** \_\_\_\_\_ **2.** \_\_\_\_\_ **3.** \_\_\_\_\_

Employment Manger

Department Head

General Manager