

REFERENCES

Applicant's Name _____ Date ____/____/____
If you wish to be considered for employment by the Oak Lawn Park District, you must furnish at least two (2) references. We will not contact these references without your prior acknowledgment. These references should include someone who has supervised your work and someone who knows you personally.

Name _____ Title _____ Business _____ Address _____ _____ Phone # (_____) _____ Relationship to you _____ _____	Name _____ Title _____ Business _____ Address _____ _____ Phone # (_____) _____ Relationship to you _____ _____
Name _____ Title _____ Business _____ Address _____ _____ Phone # (_____) _____ Relationship to you _____ _____	Name _____ Title _____ Business _____ Address _____ _____ Phone # (_____) _____ Relationship to you _____ _____

AUTHORIZATION
"I Certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time without any prior notice."

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Applicants Signature _____ Date ____/____/____

SECURITY RELEASE
"I hereby authorize any and all law enforcement agencies to release all information regarding any conviction record I may have. I hereby release all individuals, corporations, and agencies from all liability for any damage whatsoever that may ensue from furnishing same to the Oak Lawn Park District. I hereby agree also to be fingerprinted by the Oak Lawn Police Department if so requested."

Applicant's Signature _____ Date ____/____/____



Hello!

Thank you for your interest in the opportunities available with the Oak Lawn Park District.

Please fill out all three pages of the application form completely. Always specify the *kind of work* you are applying for. If you indicate *anything, open or leave the space blank*, your application will be disqualified. No application can be considered properly if the information is incomplete or unreadable.

Once received, your information will be given the fullest consideration by all departments of the park district. If a position is available which matches your qualifications, you will be contacted at once.

Once again, thank you for your interest in working for the park districts of Illinois.

OAK LAWN PARK DISTRICT
9400 South Kenton, Oak Lawn IL 60453
708/ 857-2225



Oak Lawn Park District APPLICATION FOR EMPLOYMENT

Pre-employment Questionnaire

The Oak Lawn Park District is an Equal Opportunity Employer

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a representative of the Personnel Department.

PERSONAL INFORMATION

Name _____ Date _____

Name _____

Present Address _____

Street _____ City _____ State _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____ Emergency Phone (_____) _____

In Case of Emergency Please Notify _____ Relationship _____

Name

EMPLOYMENT DESIRED

FULL TIME PART TIME SEASONAL

KIND OF WORK APPLYING FOR _____

Department MAINTENANCE ICE ARENA OAKVIEW CENTER SPECIAL RECREATION
 GOLF COURSE DRIVING RANGE PAVILION RACQUET CLUB
 BUSINESS OFFICE POOLS DAY CAMPS

Date you can start ____/____/____ Wage Desired \$ _____ Are you presently employed? YES NO

If YES may we inquire of your present employer? _____

Ever applied to the Park District before? YES NO When _____

Ever worked for the Park District before? YES NO When _____ Where _____

Reason for leaving _____

Name of last Supervisor at the Park District _____

Who referred you to the Park District? EMPLOYMENT AGENCY NEWSPAPER AD STATE EMPLOYMENT
 SCHOOL PLACEMENT WALK-IN FRIEND OTHER

EDUCATION

School Level	Name & Location	Number of Years Attended	Did You Graduate	Average Grades
Grammar School _____				
High School _____				
College _____				
Trade/Business/Correspondence _____				

GENERAL

Subject of Special study or research work _____

Special qualifications do you have? _____

What office machines can you operate? _____

FORMER EMPLOYERS

List 3 Employers, starting with the last Employer first and account for the last 5 years at a minimum (Additional sheets available)

Starting Date _____ Termination Date _____ Name & Address of Present or Last Employer _____ Type of Business _____

Description of Work _____

Reason for Leaving _____

Starting Wage \$ _____ Hour / Week / Year Ending Wage \$ _____ Hour / Week / Year

Name / Title of Supervisor _____ Phone # (_____) _____

May we contact Supervisor YES NO

Starting Date _____ Termination Date _____ Name & Address of Present or Last Employer _____ Type of Business _____

Description of Work _____

Reason for Leaving _____

Starting Wage \$ _____ Hour / Week / Year Ending Wage \$ _____ Hour / Week / Year

Name / Title of Supervisor _____ Phone # (_____) _____

May we contact Supervisor YES NO

Starting Date _____ Termination Date _____ Name & Address of Present or Last Employer _____ Type of Business _____

Description of Work _____

Reason for Leaving _____

Starting Wage \$ _____ Hour / Week / Year Ending Wage \$ _____ Hour / Week / Year

Name / Title of Supervisor _____ Phone # (_____) _____

May we contact Supervisor YES NO

Starting Date _____ Termination Date _____ Name & Address of Present or Last Employer _____ Type of Business _____

Description of Work _____

Reason for Leaving _____

Starting Wage \$ _____ Hour / Week / Year Ending Wage \$ _____ Hour / Week / Year

Name / Title of Supervisor _____ Phone # (_____) _____

May we contact Supervisor YES NO