



## NILES PARK DISTRICT EMPLOYMENT APPLICATION

Employment with the Niles Park District is governed on the basis of merit, competence, and qualifications and will not be influenced in any manner by race, age, color, sex, religion, veteran status, national origin, marital status, or the presence of a non-job-related medical condition or handicap.

- (1) NAME \_\_\_\_\_ (2) DATE \_\_\_\_\_  
                                     (Last)                                      (First)
- (3) ADDRESS \_\_\_\_\_  
                                     (Street)                                      (City)                                      (State)                                      (Zip)
- (4) PHONE NUMBER ( ) \_\_\_\_\_ (5) SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- (6) DRIVER'S LICENSE # \_\_\_\_\_ (7) ARE YOU OVER 16 YEARS OLD? \_\_\_\_\_
- (8) APPLICATION FOR:   \_\_\_\_\_ PARKS DEPARTMENT                                      \_\_\_\_\_ ICE RINK  
                                     (check applicable)                                      \_\_\_\_\_ RECREATION DEPARTMENT                                      \_\_\_\_\_ GOLF COURSE
- (9) AVAILABLE FOR   \_\_\_ PART TIME EMPLOYMENT   \_\_\_ FULL TIME EMPLOYMENT
- (10) ARE THERE ANY HOURS, SHIFTS, OR DAYS YOU CANNOT OR WILL NOT WORK?  
 IF YES, WHICH? \_\_\_\_\_
- (11) ARE YOU WILLING TO WORK OVERTIME AS REQUIRED?   \_\_\_\_\_ YES   \_\_\_\_\_ NO
- (12) POSITION APPLYING FOR \_\_\_\_\_
- (13) DESIRED SALARY/ WAGE \_\_\_\_\_ DATE AVAILABLE TO BEGIN WORK \_\_\_\_\_
- (14) IN CASE OF EMERGENCY, CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_
- (15) EDUCATIONAL BACKGROUND (fill in below)

EDUCATION	SCHOOL NAME & LOCATION	YEARS ATTENDED	MAJOR	YES/ NO DEGREE/ DIPLOMA
HIGH SCHOOL				
COLLEGE/ UNIV.			_____ TO _____	
OTHER TRAINING				

(16) HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, DESCRIBE \_\_\_\_\_

(17) HAVE YOU SERVED IN THE U. S. ARMED FORCES? \_\_\_\_\_

(18) DATE OF DUTY \_\_\_\_\_ (19) BRANCH \_\_\_\_\_

(20) APPLICABLE SKILLS ACQUIRED \_\_\_\_\_

(21) MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

(22) WORK HISTORY (Fill in below, beginning with the most current employment.)

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Most recent employer	Address	Phone
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Date started	Starting salary	Starting Position
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Date left	Salary on leaving	Position on leaving
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Name and title of supervisor

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Description of duties	Reason for leaving
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Previous employer	Address	Phone
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Date started	Starting salary	Starting position
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Date left	Salary on leaving	Position on leaving
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Name and title of supervisor

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Description of duties	Reason for leaving
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(23) PLEASE LIST SKILLS APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING.

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APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application will be considered sufficient cause for dismissal. The Niles Park District is hereby authorized to make investigation of my work and educational history.

I understand that this application is not intended to be a contract for employment. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the Niles Park District to continue to employ me in the future, the length of my employment is not guaranteed.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY DO NOT WRITE IN THIS SPACE

Arrange Interview \_\_\_\_\_ Yes \_\_\_\_\_ No

Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Interview by \_\_\_\_\_

Position Interview for \_\_\_\_\_

Remarks \_\_\_\_\_

Hired \_\_\_\_\_ Yes \_\_\_\_\_ No

Position \_\_\_\_\_

Pay Rate/ Salary \$ \_\_\_\_\_

Department \_\_\_\_\_

Hired by \_\_\_\_\_ Date \_\_\_\_\_

# NILES PARK DISTRICT

## APPLICATION FOR EMPLOYMENT

### REFERENCES

1. COMPANY \_\_\_\_\_ past employer, other  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_

2. COMPANY \_\_\_\_\_ past employer, other  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_

3. COMPANY \_\_\_\_\_ past employer, other  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_