



HOFFMAN ESTATES PARK DISTRICT
1685 W. Higgins Road
Hoffman Estates IL 60169
(847) 885-7500

APPLICATION OF EMPLOYMENT

Hoffman Estates Park District is an EQUAL OPPORTUNITY EMPLOYER.

Employment with the HEPD Agency 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, disability, or any other legally protected status. The HEPD complies with the Americans with Disabilities Act.

Be advised all employment with the Hoffman Estates Park District is considered "at will."

POSITION APPLYING FOR:

<input type="checkbox"/>	Recreation	<input type="checkbox"/>	Golf Course
<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Prairie Stone
<input type="checkbox"/>	Ice Rink		
<input type="checkbox"/>	Part-Time		
<input type="checkbox"/>	Full-Time		
<input type="checkbox"/>	Summer / Seasonal		

PERSONAL				
APPLICANT'S NAME: First		M.I.	Last	Sex M F
Permanent Address	Street	City	State	Zip Code
Telephone Number ()	Email Address		Last 4 numbers of Social Security Number (example: XXX-XX-0123) _____	
Have you lived here for the last seven years? <u>Yes</u> <u>No</u> If No, fill in below :				
Previous Address	-	Street	City	<u>State</u> <u>Zip Code</u>
Previous Address	-	Street	City	<u>State</u> <u>Zip Code</u>
Drivers License #: (If driving is an essential job function)				
Have you ever been convicted of a felony? <u>No</u> <u>Yes</u>		If Yes, Explain:		
Have you ever been convicted of a criminal activity with children? <u>No</u> <u>Yes</u>				
If yes, Explain:				
Are you legally eligible for employment in this country? <u>Yes</u> <u>No</u> Are you a U.S. Citizen? <u>Yes</u> <u>No</u>				
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If a student, when are you going back to school?
If you are under 16 years of age and it is required, can you furnish a work permit? <u>Yes</u> <u>No</u>				
EDUCATION				
CIRCLE THE HIGHEST GRADE COMPLETED	NAME AND LOCATION OF SCHOOL		DID YOU GRADUATE?	DEGREE AND MAJOR
Elementary School 1 2 3 4 5 6 7 8			<input type="checkbox"/> Yes Year <input type="checkbox"/> No	
High School 1 2 3 4			<input type="checkbox"/> Yes Year <input type="checkbox"/> No	
College/University 1 2 3 4			<input type="checkbox"/> Yes Year <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes Year <input type="checkbox"/> No	

EMPLOYMENT HISTORY/PROFESSIONAL REFERENCES

(List below all present and past employment, beginning with your most recent.)

Name & Address of Company and type of business	Phone Number ()	Reason(s) for leaving	
	Title	Name of Supervisor	
	Employment Dates (Mos./Yr.) From: _____ To: _____	Starting Salary	Ending Salary

Do you object to having this present/former employer contacted? Yes No

Name & Address of Company and type of business	Phone Number ()	Reason(s) for leaving	
	Title	Name of Supervisor	
	Employment Dates (Mos./Yr.) From: _____ To: _____	Starting Salary	Ending Salary

Do you object to having this present/former employer contacted? Yes No

Name & Address of Company and type of business	Phone Number ()	Reason(s) for leaving	
	Title	Name of Supervisor	
	Employment Dates (Mos./Yr.) From: _____ To: _____	Starting Salary	Ending Salary

Do you object to having this present/former employer contacted? Yes No

IF THERE ARE GAPS BETWEEN JOBS LISTED UNDER YOUR EMPLOYMENT HISTORY, PLEASE EXPLAIN BELOW.

Reason for Gap/Dates

PERSONAL REFERENCES (Not Relatives)

Name & Occupation

Address

Phone #

Name & Occupation

Address

Phone #

SKILLS/TRAINING

Are you skilled in any trade or office procedure which would be beneficial to the Hoffman Estates Park District?

State any courses, certificates, training, or experiences which would tend to qualify you for the position for which you are applying for?

INTERESTS

Why do you want to work for the Hoffman Estates Park District?

EMERGENCY CONTACTS

Emergency Contacts: Name: _____ Phone #: _____ Relationship: _____

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NOTICE TO APPLICANTS

Individuals with disabilities requiring accommodations to participate in the application or testing process shall notify human resources of their need for accommodations when their interview and/or test is being scheduled.

APPLICATION SUBMISSION

1. I, the undersigned, certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any misstatement or omission of information on this application or at any time during the selection process may be grounds for dismissal.
2. The District is required by State Statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning applicants, and shall perform a criminal background check for applicants for all positions you have applied. Conviction of offenses enumerated in subsection of said statute may automatically disqualify the applicant from consideration, but the conviction will be considered in relationship to the specific job. Applicants are not obligated to disclose sealed or expunged records of conviction. I release and waive any claim against the Park District which may allegedly arise from such investigation.
3. I understand that if any false information, omissions, or misrepresentations that are either contained in my application or given during any interview and are discovered, that my application may be rejected and, if I am employed, my employment may be terminated at any time.
4. In consideration of my employment, I 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 conditions of my employment may be changed, with or without cause, and with or without notice at any time by the Park District.
5. I authorize the investigation of all statements contained herein and information concerning my previous employment and any other pertinent information, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
6. In addition, I understand, that, if selected for full time employment, I may have to successfully pass a physical examination and drug screening performed by a medical professional selected and paid for by the Park District prior to starting employment.

Date: _____

Signature: _____

THE HOFFMAN ESTATES PARK DISTRICT WILL KEEP YOUR APPLICATION ON FILE FOR SIX MONTHS.