



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

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	

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."

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? __Yes__ No If No, fill in below :					
Previous Address	Street	City	State	Zip Code	
Previous Address	Street	City	State	Zip Code	
Drivers License #: (If driving is an essential job function)					
Have you ever been convicted of a felony? No Yes If Yes, Explain:					
Have you ever been convicted of a criminal activity with children? No Yes					
If yes, Explain:					
Are you legally eligible for employment in this country? Yes No Are you a U.S. Citizen? Yes No					
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? Yes No					

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 #
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Name & Occupation	Address	Phone #
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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 Statue (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 statue 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 orexpunged 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.