

Park District of La Grange

536 East Avenue • La Grange, IL 60525 • 708-352-1762 • Fax 708-352-8591



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

Position applying for _____ Date _____

Full Time___ Part Time___ Temporary___ Seasonal___

Date available for work _____

Name _____
Last First Middle Initial

Address _____
Number Street City State Zip Code

Telephone _____ Alternate Phone _____

Drivers License Number _____

Are you a Park District of La Grange resident? Yes _____ No _____

Have you ever been employed here before? Yes _____ No _____

If yes, when _____

Are you 18 years of age or older? _____ If not, please state your age _____

A work permit is required if you are under 18 years of age

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes _____ No _____

(Proof of citizenship or immigration status will be required upon employment)

Have you been convicted of a felony? Yes _____ No _____

(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Name, City, State	Course of Study	No. of Years	Graduate?
High School			
College/University			
Business/Trade School			

EMPLOYMENT EXPERIENCE (List most recent first – attach additional sheet if necessary)

Name of Company	Job Title	Dates Employed FROM	TO
Address	City, State, Zip	Phone Number	
Supervisor's Name	Beginning Salary	Ending Salary	
Duties			
Reasons for Leaving			
Name of Company	Job Title	Dates Employed FROM	TO
Address	City, State, Zip	Phone Number	
Supervisor's Name	Beginning Salary	Ending Salary	
Duties			
Reasons for Leaving			

PERSONAL REFERENCES

Name	Address	Years Known	Telephone

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This Application for Employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document or any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may be grounds for discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____