



# Application for Employment Rockford Park District

\* Administration \* Aldeen Golf Course \* Alpine Pools \* Atwood Outdoor Center \* Carlson Ice Arena \* Elliot Golf Course \* Harkins Pool \*  
\* Ingersoll Golf Course \* Lockwood Park \* Magic Waters \* Riverview Ice House \* Sand Park Pool \* Sandy Hollow Golf Course \* Sinnissippi  
Golf Course \* Sportscore I and II \* Standfield Beach \* Washington Park Community Center \*

**We are committed to being an Equal Opportunity Employer. The Rockford Park District does not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, pregnancy, arrest record, military status or unfavorable discharge from military service, citizenship, marital status, sexual orientation, mental or physical disability unrelated to a person's ability to perform the essential functions of the job with or without reasonable accommodation, or any other characteristic protected by law.**

As an employee of a public entity your salary and certain other personnel information may be subject to disclosure for reporting in compliance with applicable laws and/or regulation.

## PERSONAL INFORMATION

Position Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City, State) (Zip Code)

Phone(s) \_\_\_\_\_  
(Home) (Work) (Cell)

Email \_\_\_\_\_@\_\_\_\_\_.

Are you legally eligible for employment in the United States?  No  Yes

Please check the space that accurately describes you: 14-15 \_\_\_\_\_ 16-17 \_\_\_\_\_ 18 and Over \_\_\_\_\_

If you are under the age of 16, are you able to provide a valid work permit?  No  Yes  Not Applicable

Have you ever been convicted of a felony? \*\*  No  Yes

Have you ever been convicted of a misdemeanor, involving dishonesty, criminal sexual conduct, assault or battery, or any criminal drug statute? \*\*\*  No  Yes

If so, please explain: \_\_\_\_\_

**\*\* Applicants are not obligated to disclose convictions which have been ordered sealed or expunged by court order.**

PLEASE NOTE: Effective 8/5/2003, 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, including the position for which you have applied. Conviction offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for work for the district. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific job.

**EMPLOYMENT HISTORY:** Beginning with your current or most recent employer, please list your employment history.

Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Web Address: \_\_\_\_\_

Employed From (month/year): \_\_\_\_\_ Employed To (month/year): \_\_\_\_\_

Position Held / Type of Work: \_\_\_\_\_

Starting Wage: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  No  Yes

\*\*\*\*\*

Previous Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Web Address: \_\_\_\_\_

Employed From (month/year): \_\_\_\_\_ Employed To (month/year): \_\_\_\_\_

Position Held / Type of Work: \_\_\_\_\_

Starting Wage: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  No  Yes

\*\*\*\*\*

Previous Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Web Address: \_\_\_\_\_

Employed From (month/year): \_\_\_\_\_ Employed To (month/year): \_\_\_\_\_

Position Held / Type of Work: \_\_\_\_\_

Starting Wage: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  No  Yes

\*\*\*\*\*

Previous Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Web Address: \_\_\_\_\_

Employed From (month/year): \_\_\_\_\_ Employed To (month/year): \_\_\_\_\_

Position Held / Type of Work: \_\_\_\_\_

Starting Wage: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  No  Yes

NAME (please print): \_\_\_\_\_

**OTHER SKILLS / EXPERIENCE / CERTIFICATIONS / PROFESSIONAL ASSOCIATIONS**

*Tell us about any additional factors that might be beneficial in considering your employment.*


**EDUCATION**

	School Name, City & State	Major	Did you graduate? Degree earned?
High School			
College/University			
Technical School			
Other School			
Other School			

**REFERENCES**

*Please provide three (3) WORK OR SCHOOL references whom we may contact (please do not list relatives).*

Name	Phone Number	How Known?

NAME (please print): \_\_\_\_\_

**AVAILABILITY**

Position applying for: \_\_\_\_\_

Department/Location: \_\_\_\_\_

Choose One:     Year-Round, Full-Time  
                   Year-Round, Part-Time  
                   Seasonal/Temporary, Full-Time  
                   Seasonal/Temporary, Part-Time

Desired Wage: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Date available to start: \_\_\_\_\_

Latest date available to work: \_\_\_\_\_  
(Seasonal applications ONLY)

Are you available to work on:

Monday	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	From _____ am / pm	To _____ am / pm
Tuesday	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	From _____ am / pm	To _____ am / pm
Wednesday	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	From _____ am / pm	To _____ am / pm
Thursday	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	From _____ am / pm	To _____ am / pm
Friday	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	From _____ am / pm	To _____ am / pm
Saturday	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	From _____ am / pm	To _____ am / pm
Sunday	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	From _____ am / pm	To _____ am / pm

Are you able to meet the attendance requirements of the position?     No     Yes

Are you able to work overtime as required?     No     Yes

If the position you are applying for requires a valid driver's license, do you have one?     No     Yes

Have you ever been employed by the Rockford Park District?     No     Yes: From \_\_\_\_\_ To \_\_\_\_\_

*NOTE: Relatives of current employees may not be eligible for employment. Relatives may be employed in any capacity other than a position which is in a direct line of authority, no matter how far removed, above or below the related employee.*

Do you have relatives employed by the Rockford Park District?     No     Yes: Relation \_\_\_\_\_

Job Title \_\_\_\_\_

NAME (please print): \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the information given by me in connection with this application is true and complete in all respects. I authorize the Rockford Park District to conduct a thorough investigation concerning my background, including my qualifications, experience, references and all other relevant information, including a criminal background investigation. I agree to cooperate in any such investigation and understand that any offer of employment by the District or my continued employment (if already employed) is contingent on the results of such an investigation. I acknowledge that if I falsify or omit any information requested in this application (as determined by the Park District), that such will be grounds for denial of employment (or for the termination of my employment if the discovery of such a falsification or omission occurs after I have become employed by the Park District).

I further understand that I have a continuing duty to immediately disclose any and all criminal convictions. I authorize the use of any information in this Application to enable the Rockford Park District to verify my statement and I authorize past employers, all references and any other persons to answer all questions asked by the Park District concerning my abilities, character and employment record. I release all such individuals and entities from any liabilities and damages on account of having furnished such information and I release them and the Park District from any liabilities and damages arising out of its use and/or reliance on such information.

This application is not an offer of employment, and nothing contained in this Application, any employee handbook, policy manual or other Park District correspondence or in granting an interview is intended to create a contract between the Park District and me for either employment or the provision of any benefit.

I further understand that any offer of employment is conditioned upon my being able to perform the essential functions of the position desired with or without any appropriate reasonable accommodations.

I understand that the Rockford Park District maintains a Drug-Free Workplace for the health and safety of its employees and its citizens. To this end, I voluntarily consent and agree to participate in and cooperate with this program to the extent requested. I further understand and agree that I may be subject to drug and/or alcohol testing as a condition of my continued employment by the Park District (including, but not limited to, random, post-accident and/or "reasonable suspicion" testing) and that my successful completion of that testing is a condition to my continued employment. I further understand that if I am employed by the Rockford Park District that I will become a "mandated reporter" under the Illinois Abused and Neglected Child Reporting Act (and that I will sign all documents necessary to confirm that status) and, further, that I will abide by the Park District's smoke free workplace policies.

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 park district may change the terms and conditions of my employment, with or without cause, and with or without notice at any time.

I understand that if I am hired, I will be required to provide proof of identity and information for compliance with the Immigration Reform and Control Act.

I have read the above and fully understand it and agree to its terms.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

NAME (please print): \_\_\_\_\_



**Rockford Park District**  
**401 South Main ST STE #114 HR**  
**Rockford IL 61101**

**Phone: 815-987-8813 Fax: 815-987-1678**

**APPLICANT, PLEASE READ TO LINE AND COMPLETE:**

I authorize the employer listed below to release to the Rockford Park District any information regarding my work history and/or performance, and do hereby release the employer from liability for doing so.

Applicant's Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employed: From \_\_\_\_\_ To \_\_\_\_\_

Employer/ Company Name \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Dear Employer: Please complete the following with regard to the above applicant.  
Your response will be kept confidential.**

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_

Wage at time of leaving: \_\_\_\_\_

Was performance satisfactory?     Exceptional     Above Average  
    Average             Below Average

Comments to support above rating: \_\_\_\_\_  
\_\_\_\_\_

Was attendance satisfactory?     Yes     No

Would you rehire?     Yes     No

If above answer is no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please return within 3 days. Self-addressed envelope attached. Thank you**



**Rockford Park District**  
**401 South Main St Suite#114**  
**Rockford IL 61101-1321**  
**Phone: 815-987.8813 Fax: 815- 987.1678**

**APPLICANT, PLEASE READ TO LINE AND COMPLETE:**

I request the personal reference listed below to share with the Rockford Park District any information of our acquaintance and personal contact.

Contact's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

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**Dear Personal Reference: Please complete the following questionnaire with regard to the above applicant. Your response will be kept confidential.**

How long have you known the above applicant? \_\_\_\_\_

What is your relationship? \_\_\_\_\_

Is the applicant:	(please circle)				
	(low)				(high)
Trustworthy	1	2	3	4	5
Dependable	1	2	3	4	5
Responsible	1	2	3	4	5
Punctual	1	2	3	4	5
People Skills	1	2	3	4	5

Why: \_\_\_\_\_

Would you personally recommend the above applicant to work for the Rockford Park District?

Yes  No

Additional Comments: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

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