

**ZION PARK DISTRICT
2400 DOWIE MEMORIAL DRIVE
ZION, ILLINOIS 60099
(847) 746-5500 (FAX:847-746-5506)**

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. **IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, PLEASE CONTACT THE FRONT DESK**

Full Name (____) - ____ - ____
Resident Telephone

Address (____) - ____ - ____
Cell Telephone

Do you possess a valid Drivers License? **YES** ___ **NO** ___ **What State** _____
License# _____

Social Security Number: _____
State I.D. Number _____

Are you 16 years of age or older? **YES** ___ **NO** ___

Have you ever been employed by Zion Park District? **YES** ___ **NO** ___ If yes, in what position: _____

Date you will you be available for employment? _____ Will you work Sundays? _____, Holidays? _____, Nights? _____.

What type of position are you applying for? (Circle position or positions which you would accept.)

- | | | | | |
|------------------|------------------|-------------------|------------------|----------------------|
| Lifeguard | Golf Club House | Golf Maintenance | Park Maintenance | Building Maintenance |
| Recreation | Pool Concessions | After School Care | Summer Camp | Gym Attendant |
| Full time _____, | Part-time _____, | Seasonal _____, | Other _____ | |

Circle the highest grade or year completed in High School. 8 9 10 11 12

Name and location of High School _____

Graduated? **YES** ___ **NO** ___ **G.E.D.** ___

Training beyond high school: College or university, nursing, Business College or other school you have attended. Under credits earned, indicate number of hours and "Q" for quarter hours and "S" for semester hours.

Circle the number of years in college or university. 1 2 3 4 5 6 7 8

College, University or School name and location:

Date Attended	Credits Earned	Major Field
From To	Sem. or Qtr.	

Degree conferred and year: _____

Describe any education or training you have had which is not covered above, such as vocational school, apprenticeships, correspondence courses, computer/office training, Red Cross training, C.P.R., etc. Give Dates. Dates: _____

Present and Past Employment. Use additional sheets if necessary. You may also attach a brief resume.

Company Name (Present employment) Phone (____)-____-____

Address _____

Title of your position. Primary Duties, including number of employees you supervised. _____

Hours each week	Salary	Name and Title of Supervisor	Started from and to (Mo. & Yr.)
_____	_____	_____	____/____ ____/____

Reason for leaving or considering change. If we contact this employer, will your position be endangered? Yes____ No____.

Company Name (Past Employment) Phone (____)-____-____

Address Title of position Dates of employment

Company Name (Past Employment) Phone (____)-____-____

Address Title of position Dates of employment

Personal References (References must be 21 yrs of age or older and **may not be a relative.**) **WE NEED FULL ADDRESSES.**

NAME AND OCCUPATION	ADDRESS	CITY	ZIP	TELEPHONE
_____	_____	_____	_____	(____)-____-____
_____	_____	_____	_____	(____)-____-____
_____	_____	_____	_____	(____)-____-____

References will be checked, unless you indicate otherwise: DO NOT Check references _____.

I certify that all statements on my application are true to the best of my knowledge. I understand that false statements shall be sufficient cause for rejection of this application. I hereby authorize the Zion Park District to conduct a driver's abstract and criminal background check per the requirements of Illinois Statute (70 ILCS 1205/8-25). Failure to sign the authorization below will automatically disqualify your application for employment. A copy of the statute is available should you wish to see it.

Signature of Applicant _____ Date _____

If applicant is 16 years of age or under, parent or guardian must sign:

_____ Date _____

Signature of parent or guardian.