

WAUKEGAN PARK DISTRICT
2000 Belvidere St., Waukegan, IL 60085
office: 847-360-4717 fax: 847-244-8270

AUTHORIZATION TO RELEASE INFORMATION

This waiver may be shared with prior employer, school attended, etc. to show you have authorized the release of this information for employment purposes.

As an applicant for a position with the Waukegan Park District, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the Waukegan Park District to investigate my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications. I agree to cooperate in such investigation.

WAIVER AND RELEASE OF ALL CLAIMS

I agree to release from all liability or responsibility all persons and corporations requesting or supplying such information. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of requesting or supplying such information and do hereby fully release and forever discharge all cooperating parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with this requesting or supplying such information.

This authorization shall be valid for sixty days (60) from the date of my signature below. You may retain this copy of my Waiver and Release of All Claims for your files. Thank you for your assistance.

Print Name: _____

Date: _____

Signature: _____

WAUKEGAN PARK DISTRICT

APPLICATION FOR EMPLOYMENT

THE WAUKEGAN PARK 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. Applicants are not obligated to disclose sealed or expunged records of convictions. Conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for the District. These offenses include: certain violations of the cannabis control act; violation of Illinois controlled substance act; first degree murder; a class X felony; perpetrator of sexual or physical abuse of a minor under the juvenile court act of 1987 Article II; certain violations of the criminal code of 1961 (examples: prostitution, criminal sexual assault/abuse, obscenity, child pornography). All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific job. Any offer of employment can be conditioned upon the results of a physical exam and drug/alcohol screening.

THE WAUKEGAN PARK DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with the Waukegan Park District is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, sex, creed, religion, marital or parental status, age, sexual orientation, national origin, political affiliation, mental and/or physical handicap or any other legally protected status. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION/INTERVIEW PROCESS SHOULD NOTIFY THE HUMAN RESOURCE DEPARTMENT. This application for employment shall be considered active for a period of sixty (60) 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 this time.

POSITION(S) APPLYING FOR		DATE
AVAILABLE FOR: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL	DATE(S) AVAILABLE FOR WORK	DESIRED SALARY RANGE

LAST NAME			FIRST NAME			MIDDLE NAME		
ADDRESS								
CITY			STATE			ZIP		
DAYTIME TELEPHONE NUMBER		EVENING TELEPHONE NUMBER		E-MAIL ADDRESS		BEST TIME TO CONTACT YOU		
DRIVER'S LICENSE NUMBER						CLASS		

Can you furnish a work permit if you are under 16 years of age? YES NO

Can you furnish proof of U.S. citizenship, U.S. permanent residency, or authorization to work in the U.S.? YES NO
(Proof will be required upon employment)

Have you ever worked for the Waukegan Park District or another park district before? YES NO
If YES, where and when: _____

Referred by: ADVERTISEMENT EMPLOYMENT AGENCY FRIEND/RELATIVE CURRENT/PAST EMPLOYEE
 SCHOOLS/COLLEGES WALK-IN OTHER: _____

Will you commit to work overtime as required? YES NO

Are you currently employed? YES NO

Have you ever been convicted of any felony? YES NO

Have you ever been convicted of a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery, or any criminal drug statute? YES NO

EDUCATION

SCHOOL NAME, CITY & STATE	RELEVANT COURSES/SPECIAL TRAINING EXTRA-CURR. ACT./INTERNSHIPS/CERTIFICATIONS	DEGREE/ MAJOR COURSE OF STUDY	YEARS COMPLETED	GRADUATE?
GRADE SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS/TRADE/VOCATIONAL SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT EXPERIENCE

List most recent first. If you need additional space, please continue on a separate sheet of paper.

NAME OF COMPANY	JOB TITLE			DATES EMPLOYED FROM TO
ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
IMMEDIATE SUPERVISOR		BEGINNING HOURLY RATE/SALARY	ENDING HOURLY RATE/SALARY	
WORK PERFORMED				
REASON FOR LEAVING				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF COMPANY	JOB TITLE			DATES EMPLOYED FROM TO
ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
IMMEDIATE SUPERVISOR		BEGINNING HOURLY RATE/SALARY	ENDING HOURLY RATE/SALARY	
WORK PERFORMED				
REASON FOR LEAVING				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF COMPANY	JOB TITLE			DATES EMPLOYED FROM TO
ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
IMMEDIATE SUPERVISOR		BEGINNING HOURLY RATE/SALARY	ENDING HOURLY RATE/SALARY	
WORK PERFORMED				
REASON FOR LEAVING				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE ESSENTIAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. YOU MAY OBTAIN A COPY OF THE JOB DESCRIPTION AT THE BUSINESS OFFICE.

Are you capable of performing in a reasonable and safe manner, with or without reasonable accommodation, the essential job duties for the job or position for which you have applied? YES NO

SPECIALIZED SKILLS

Check skills/equipment operated

Computer

Operating system: WINDOWS MAC OTHER _____

Spreadsheet: EXCEL OTHER _____

Word Processing: MICROSOFT WORD OTHER _____

Other software: _____

ADDING MACHINE/CALCULATOR DATA ENTRY WORD PROCESSING WORDS PER MINUTE: _____

Mechanical Skills (specify): _____

Grounds maintenance/equipment (specify): _____

Specialized maintenance skills: _____

Specialized equipment relating to job: _____

Management/supervisory skills or experience: _____

Other: _____

Do you hold any special licenses or certifications which would make you uniquely qualified for this job? (i.e., pesticide handling/spraying, food handling, WSI, CDL, etc.) YES NO

If YES, please list the licenses or certification numbers and expiration dates:

_____	EXP DATE
_____	EXP DATE
_____	EXP DATE

EDUCATIONAL, PROFESSIONAL AND OTHER ACTIVITIES

Complete the following section with the appropriate information. You may exclude those activities that indicate race, color, religion, sex, national origin, age, ancestry, marital status, unfavorable discharge from the military, physical or mental handicap or disability unrelated to job requirements, or any other legally protected status.

List professional, trade, business or civic activities and offices held: _____

Describe any honors you have received: _____

