

1403 Sycamore Road DeKalb IL, 60115 hone: (815) 758 6663 ext. 122

Phone: (815) 758-6663 ext. 122 Fax: (815) 758-4081

EMPLOYMENT APPLICATION

THE KISHWAUKEE SRA IS AN EQUAL OPPORTUNITY EMPLOYER.

Employment with the Kishwaukee SRA is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, sex, religion, military status, unfavorable discharge from military service, national origin, ancestry, sexual orientation, political affiliation, marital status, mental or physical disability or any other legally protected status.

EMPLOYMENT AT-WILL STATEMENT

I understand that I am an at-will employee and as such, employment with the DeKalb Park District is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice.

Individuals who falsify information on an employment application may be immediately terminated.

APPLICANTS REQUIRING REASONABLE ACCOMODATION TO THE APPLICATION/INTERVIEW PROCESS SHOULD NOTIFY THE ADMINISTRATION OFFICE

| Please Use Black or Blue Ink | | | | |
|---|------------------------------|---------------|-----------------|------------------|
| Date of Application: | | | | |
| Name: | | | | |
| (Last) | (First) | (First) | | ddle) |
| Current Address: | | | | |
| (Street) | | (City) | (State) | (Zip) |
| Permanent Address: | | | | |
| (Street) | | (City) | (State) | (Zip) |
| E-mail: | | | | |
| Phone Number: | | _ Alternative | # | |
| Do you currently hold a valid Illi | nois driver's license? _ | Ye | 5N | 0 |
| Driver's License #: | | | Clas | ss: |
| (It driving | is an essential job function | .) | | |
| If you are under 16 years of a volunteer opportunities with | | er only posi | tions available | . Please discuss |
| Position(s) applied for: | | | | |
| Desired wage: | Date available | to begin wo | rk: | |

| Have you subm | nitted an applica | ation here befo | re? | Yes No | | |
|--------------------------------|---------------------|-------------------|--|---------------------------------|-------------|--------------------------|
| Have you ever | been employed | l with us before | | Yes No | | |
| If yes, give date | es: | | | | | |
| Are you curren | tly employed? | | | Yes No | | |
| May we contac | ct your present | employer? | | Yes No | | |
| Are you legally | eligible for em | ployment in thi | s country? | Yes No | | |
| Type of Employ | yment Desired: | Full Time _ | Part Time | _ Seasonal | | |
| If you are seek | ing seasonal em | ployment, are | you able to wor | k the entire sea | ason? | YesNo |
| Hours available | e to work (please | enter the times d | uring the day you a | re available to wor | k below): | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | | | |
| Have you serv Date of duty: | red in the U. S. | Armed Forces | ubject to recall (include Natio Branch of se | nal Guard or Fervice: | Reserves) _ | Yes No |
| | • | | | | | |
| EDUCATION | IAL BACKGR | OUND (fill in | below): | | | |
| EDUCATION | SCHOOL Name/Loca | tion | | Number of Years Completed | MAJOR | YES/NO Degree/Diploma |
| High School | | | | | | |
| College/ University | | | | | | |
| Other Training, | | | | | | |

| riedse iist skiiis, neerises, t | ianing, etc. applicable to the p | osition for which you are applying. |
|--|--|--|
| | | |
| | | |
| THE ESSENTIAL REQUIR OBTAIN A COPY OF THE Are you capable of perfo | REMENTS OF THE JOB FOR WE JOB DESCRIPTION AT THE A | JNLESS YOU HAVE BEEN INFORMED ABOU VHICH YOU ARE APPLYING. YOU MAY ADMINISTRATION OFFICE. Te manner, with or without reasonable position for which you have applied? |
| Yes No | | |
| WORK HISTORY (begin | n with most current employme | nt): |
| <u> </u> | | |
| Most recent employer | Address | Phone |
| Date started | Starting Salary | Starting Position |
| Date left | Salary on leaving | Position on leaving |
| Name and title of supervisor | | |
| Description of duties | | Reason for leaving |
| | | |
| Employer | Address | Phone |
| Date started | Starting Salary | Starting Position |
| Date left | Salary on leaving | Position on leaving |
| Name and title of supervisor | | |
| Description of duties | | Reason for leaving |

NOTE: Please explain any gaps in employment.

Kishwaukee SRA 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 of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working 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.

The applicant is not obligated to disclose sealed or expunged records.

| Have | e you ever been convi | cted of any felony? | Yes No | | |
|--------|--------------------------|---------------------------------------|-------------------|---|--|
| | • | cted of a misdemeanor ug statute? Yes | - | esty, criminal sexual conduct, assault or | |
| If yes | s, describe: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | ı | REFERENCES | | |
| PLEAS | SE LIST THE NAME, ADDRES | SS AND PHONE NUMBER OF | THREE REFERENCES, | NOT RELATED TO YOU, THAT WE MAY CONTACT | |
| 1. | COMPANY | | | | |
| | (Check One) | Past Employer | Other | | |
| | | | | | |
| | | | | | |
| | CITY | | STATE | ZIP | |
| | PHONE # | | | | |
| 2. | COMPANY | | | | |
| | (Check One) | Past Employer | Other | | |
| | | | | | |
| | ADDRESS | | | | |
| | | | | ZIP | |
| | PHONE # | | | | |
| 3. | COMPANY | | | | |
| | (Check One) | Past Employer | Other | | |
| | | | | - | |
| | ADDRESS | | | | |
| | CITY | | STATE | ZIP | |
| | PHONE # | | | | |

| Please check all your current certifications: |
|---|
| Lifeguarding |
| First Aid Professional Rescuer |
| First Aid |
| CPR – Infant/Child |
| CPR – Adult |
| AED |
| Others (list) , , |
| APPLICANT'S CERTIFICATION AND AGREEMENT |
| I certify that all the information submitted by me on this application is true and complete, and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and hereby release and waive any claim against the KSRA which may allegedly arise from such investigation. I further understand that if any false information, omissions, or misrepresentations are either contained in my application or given during any interview and are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the KSRA rules and regulations, and 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 KSRA 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 KSRA. This application for employment shall be considered active for a period of time not to exceed 90 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. |
| 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. |
| Applicant's SignatureDate |
| FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE |
| Arrange Interview: Yes No |
| Date Time |
| Interviewed by |
| Position interviewed for |
| Starting date: |
| Pre-employment screenings scheduled? |
| Hired Yes No Position |

Pay Rate/Salary \$_____ Department _____

Hired by ______ Date____