

# APPLICATION OF EMPLOYMENT

Tri-Township Park District  
410 Wickliffe St.  
Troy, IL 62294  
Phone 618-667-6887  
Fax 618-667-7355 [www.tritownshippark.org](http://www.tritownshippark.org)

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

## PERSONAL INFORMATION:

First Name \_\_\_\_\_ Middle Init \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email address \_\_\_\_\_ SS # \_\_\_\_\_

Type of employment desired: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary \_\_\_\_\_

Specific title or position for which you are applying: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Military Service?

Are you a U. S. Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

## Drivers License Information:

Type of License: DL \_\_\_\_\_ CDL \_\_\_\_\_ State: \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EDUCATION AND TRAINING:**

If qualifying by education, copies of transcripts are required.  
 Check the box below the number which indicates the highest grade you have completed:

<b>Grade School</b>	<b>High School</b>	<b>College</b>	<b>Total college hrs. completed:</b>	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Sem. _____	Qtr. _____
Hrs. _____			Hrs. _____	

Name of School	Location: City and State	Graduate Yes   No	Degree: Major & Minor Fields of Concentration
High School: _____		<input type="checkbox"/> <input type="checkbox"/>	
College or University: _____		<input type="checkbox"/> <input type="checkbox"/>	
Other (vocational, technical, trade schools, military training): _____		<input type="checkbox"/> <input type="checkbox"/>	

List the field(s) of work for which you are licensed, registered or certified, giving date(s) and source(s) of issuance:

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**OFFICE TECHNOLOGY SKILLS:**

- 1) List office equipment you are proficient with \_\_\_\_\_
- 2) List office-related skills you possess \_\_\_\_\_
- 3) List software applications you are proficient in \_\_\_\_\_
- 4) List computer languages you have programmed in \_\_\_\_\_

**READ CAREFULLY:** A complete employment history is mandatory for all civil service positions. The employment history will be reviewed to determine if it appears that minimum qualifications are satisfied; therefore, it is critical that you provide clear and concise information. Beginning with your most recent employment, list your complete employment history, including any gaps in employment and an explanation for the gaps. It is our policy to require this official application form for all civil service hires. Therefore, while a resume may be submitted with the application, data for each employer must be listed on this application form (the words "See Resume" may only be used as a substitute in the section entitled "Specific Duties Performed"). If multiple positions were held with the same employer, please indicate each position separately.

**EMPLOYMENT HISTORY:**

Please list all employment starting with current or last employer.

Current or Last Employer:	Mailing Address and Phone No.: _____ ( ) - _____		
Job Title:	Supervisor's Name:		
Employed (Mo./Yr.)	Separated (Mo./Yr.)	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____
Reason for leaving: _____			
Specific Duties Performed: _____			
Full-Time _____ Yrs. _____ Mos. _____			
Part-Time* _____ Yrs. _____ Mos. _____			
*No. of part-time hours worked per week: _____			
Did you supervise others: <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, how many people did you supervise? _____			

**EMPLOYMENT HISTORY**

Employer:			Mailing Address and Phone No.: ( ) -		
Job Title:			Supervisor's Name:		
Employed (Mo./Yr.)	Separated (Mo./Yr.)	Starting Salary \$	Per	Ending Salary \$	Per
/	/				
Reason for leaving: _____					
Specific Duties Performed: _____					
Full-Time _____ Yrs. _____ Mos.					
Part-Time* _____ Yrs. _____ Mos.					
*No. of part-time hours worked per week: _____					
Did you supervise others: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many people did you supervise? _____					

Employer:			Mailing Address and Phone No.: ( ) -		
Job Title:			Supervisor's Name:		
Employed (Mo./Yr.)	Separated (Mo./Yr.)	Starting Salary \$	Per	Ending Salary \$	Per
/	/				
Reason for leaving: _____					
Specific Duties Performed: _____					
Full-Time _____ Yrs. _____ Mos.					
Part-Time* _____ Yrs. _____ Mos.					
*No. of part-time hours worked per week: _____					
Did you supervise others: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many people did you supervise? _____					

Employer:			Mailing Address and Phone No.: ( ) -		
Job Title:			Supervisor's Name:		
Employed (Mo./Yr.)	Separated (Mo./Yr.)	Starting Salary \$	Per	Ending Salary \$	Per
/	/				
Reason for leaving: _____					
Specific Duties Performed: _____					
Full-Time _____ Yrs. _____ Mos.					
Part-Time* _____ Yrs. _____ Mos.					
*No. of part-time hours worked per week: _____					
Did you supervise others: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many people did you supervise? _____					

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As part of the background information that you provide on this application, you are not required to provide, and you shall not voluntarily provide Tri-Township Park District with any information regarding any conviction/arrest records pertaining to you that have been sealed or expunged.

A conviction record will not necessarily be a bar to employment: factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account in terms of the position applied for.

Have you ever been employed at the Tri-Township Park District?

Yes\_\_\_\_ Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

No\_\_\_\_\_

Are you eligible to work in the United States? Yes\_\_\_\_\_ No\_\_\_\_\_

If you are under age 18, do you have an employment/age certificates? Yes\_\_\_\_\_ No\_\_\_\_\_

#### PRE-EMPLOYMENT STATEMENT

I authorize investigation of all statements contained in this application for employment as may be necessary in the judgment of Tri-Township Park District in arriving at an employment decision. This includes authorizing Tri-Township Park District to investigate all references and to secure additional information about me if related to this employment application. I further authorize Tri-Township Park District to contact law enforcement agencies with regard to criminal backgrounds records information and consumer reporting agencies with regard to credit and character information. I understand that such inquiries may be made during the processing of my application for employment. Further, I release from liability the Board of Commissioners of Tri-Township Park District and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that I will be required to take a physical and drug test and employment is subject to passing these tests.

I also affirm that I have not withheld any information asked for and that the statements made in this application are true and correct.

Any misrepresentation or falsification, intentional or unintentional, of information on this application may result in non-hire or termination.

The Tri-Township Park District requires its employees to reside within the Tri-Township Park District which covers Jarvis, southern portion of Pin Oak, and northern portion of Collinsville townships. If employed, the applicant agrees to fulfill this requirement within six (6) months of employment date.

Employment is contingent on verification of applicant's education, employment, personal references and State of Illinois background check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by

conduct unless such exchange is specifically acknowledged in writing by an authorized executive of this organization.

This application for employment shall be considered active for a period of time not to exceed 1 year. 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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Please print legibly)

Date Received: \_\_\_\_\_ By: \_\_\_\_\_