WAUKEGAN PARK DISTRICT

2000 Belvidere Street, Waukegan, IL 60085

PERSONAL BACKGROUND CHECK
AUTHORIZATION AND WAIVER

In being considered for the position of _____
within the Waukegan Park District, I fully agree to participate in a personal background check.

The background check will be used in order to determine if a criminal history exists and to assess personal work history.

I authorize the release of information regarding my personal record to the Waukegan Park District.

I further agree to waive any and all claims against the Waukegan Park District, its officers, employees, and agents that may occur as a result of the Personal Background Check.

_____ _____
Signature Date

THE WAUKEGAN PARK DISTRICT IS AN ALCOHOL AND DRUG-FREE WORKPLACE

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 statue 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.

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 characteristic protected by law. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION/INTERVIEW PROCESS SHOULD NOTIFY THE HUMAN RESOURCE MANAGER.

POSITION(S) APPLYING FOR		DATE
AVAILABLE FOR: ☐ FULL-TIME ☐ PART-TIME ☐ 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				☐ YES ☐ NO
HIGH SCHOOL				☐ YES ☐ NO
COLLEGE/UNIVERSITY				☐ YES ☐ NO
COLLEGE/UNIVERSITY				☐ YES ☐ NO
BUSINESS/TRADE/VOCATIONAL SCHOOL				☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ 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: _____

_____

_____

_____

PERSONAL REFERENCES

Please give us the names, addresses and telephone numbers of three references who are not related to you and who are not previous employers.

NAME	STREET ADDRESS, CITY, STATE & ZIP	YEARS KNOWN	TELEPHONE
			DAY EVENING
			DAY EVENING
			DAY EVENING
			DAY EVENING

State any additional information that you feel will be helpful to us in considering your application:

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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 PARK DISTRICT 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 BY THE WAUKEGAN PARK DISTRICT, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE PARK DISTRICT'S RULES AND REGULATIONS, AND 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 TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE PARK DISTRICT.

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.

Signature of Applicant _____ Date _____