

FREEPORT PARK DISTRICT APPLICATION FOR EMPLOYMENT

Please note: All forms must be completed and signed (including guardian signature if under 18) before returning for consideration.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected class. If you need reasonable accommodation to complete the application, please contact the office manager at the Freeport Park District administrative offices.

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Phone(s) Home		Cell
		Social Security Number

How did you learn about us?		
<input type="checkbox"/> Returning Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____
Do you have any relatives who currently work for Freeport Park District? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate name and relationship: _____		
Position(s) Applied For		Date of Application

Are you 18 or older? Yes No

If you are under 18 years of age, can you provide required proof of our eligibility to work? Yes No

Have you ever been employed with us before? Yes No
 If yes, give date _____ What previous position did you hold? _____

What is your desired salary range? _____

Date available for work: ___/___/___ Immediately Temporary (available dates ___/___/___ - ___/___/___)

Are you available to work: Full-Time Part-Time Weekends Holidays
 (check all that apply) Morning Afternoon Evening Night

Do you have a valid drivers license? Yes No
 If yes, give License # _____ State _____ Classification _____ Expiration _____

In case of emergency, please contact: Name _____ Phone _____ Relationship _____

	Name and Address of School	Course of Study	Attended From	Attended To	Diploma/Degree (or highest grade completed)
High School					
Technical College Junior College					
Undergraduate College					
Graduate/ Professional					
Other: please specify any professional certifications					

For Office Use Only

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

REFERENCES

Name	Phone
Address	Relationship
Name	Phone
Address	Relationship
Name	Phone
Address	Relationship

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

PLEASE READ: I certify that the information completed in this application is true and accurate to the best of my knowledge. I further certify and understand that any falsification and deliberate omission of information will immediately terminate the application process and consideration of employment with the **Freeport Park District**. My signature on this form authorizes the **Freeport Park District** to contact previous employers regarding past employment. My application will be kept on file for one year.

Signature: _____ Date: _____

**STATEMENT OF DISCLOSURE
RELEASE OF CRIMINAL RECORDS,
BACKGROUND AND APPLICATION INFORMATION**

I declare that all statements contained in the application and corresponding paperwork are true and correct and understand that false or inaccurate information in my application and corresponding paperwork will cause my termination.

Do you have any felonies, open arrest records or convictions of sex offenses and/or crimes against children that require you to register as a sex offender? Yes No

If yes, please do not complete the application further, due to the required job duties and responsibilities of your employment with the **Freeport Park District** you will be in regular contact with children. In consideration for the safety and well being of our patrons and employees, **Freeport Park District** prohibits employment consideration to any applicant with an open arrest record or sexual offense conviction and/or crimes against children.

Do you have any criminal records, including misdemeanor convictions, felony convictions and/or open arrests records? Yes No

If yes, please list the county(s) and state(s) where records exist:

<u>County</u>	<u>State</u>
_____	_____
_____	_____
_____	_____
_____	_____

- I authorize **Freeport Park District** to examine any and all criminal records and arrests on file in the above listed County(s) and State(s). In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.

- I also authorize **Freeport Park District** to verify any information concerning my application, corresponding paperwork or background, in consideration for potential employment.

Print Full Name: _____

Previous Names-including maiden or married name(s): _____

Driver's License Number: _____ State: _____

Social Security Number: _____ Date of Birth: _____
(to be used for background information ID only)

Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**FITNESS FOR DUTY AND
DRUG & ALCOHOL PRE-EMPLOYMENT
TESTING POLICY**

The **Freeport Park District** has a strong commitment to providing a safe and healthy environment for its employees and patrons. Consistent with the spirit and intent of this commitment, the Park District has established a policy and procedures regarding the employee fitness for duty. The Park District’s policy is intended to comply with all state and federal laws governing drug testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

DEFINITION OF “DRUG”

For the purpose of this policy and procedure, “drug” means any illegal or unprescribed controlled substance, any alcoholic beverage, and any over-the-counter medication and/or prescribed medication that adversely affects an employee’s ability to safely and satisfactorily perform normal job duties.

EMPLOYMENT WILL NOT BE EXTENDED TO THOSE CANDIDATES THAT

- Refuse to cooperate with the Fitness-For-Duty and Drug & Alcohol Policy.
- Refuse to submit to or sign the authorization and release for testing.
- Tamper with the administration or the results of the drug/alcohol test.
- Failure to report for a drug/alcohol pre-employment test within 24 hours of request.

AUTHORIZATION AND RELEASE FOR TESTING

I agree to follow the policies and procedures of the Freeport Park District, including being subjected to random and other types of drug testing (as specified in the Park District’s personnel policies and/or procedures) as a condition of being employed by the Park District. I understand that any offer of employment is contingent upon the negative result of a pre-employment drug/alcohol test. I further understand that if I do not cooperate in and/or pass a drug test that I will not be offered employment with the Park District. I understand that I should contact the Freeport Park District if I have any questions about the substance abuse testing program or results.

I accept the method of obtaining urine samples, testing and analyses of such specimens. I further agree and consent to the disclosure of the sampling, testing, and results to the Freeport Park District. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results as specified in this consent form.

I authorize the medical staff to take a sample of my urine for the purpose of performing tests and otherwise screen the sample obtained from me for the presence of drugs. Also, I authorize the medical staff and laboratory to release the results of the testing, regardless of whether the results are negative or positive, to the administration of the Freeport Park District.

I agree to participate in this program and release the testing organization/certified lab, the Freeport Park District, and any of their employees, agents, and assigns from any liability arising out of my participation in this Substance Abuse Testing.

Employee Signature

Parent/Guardian Signature

Date

Date