



1406 North Randolph St. Macomb, IL 61455

## APPLICATION FOR EMPLOYMENT

PHONE: 309-833-4562  
 FAX: 309-836-7095  
 TTY: 309-837-7301  
 E-MAIL: parks@macomb.com  
 WEB PAGE: macombparkdistrict.com

(PLEASE PRINT)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Position Applied For: Other Position(s) Applied For: Date of Application:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last Name First Name Middle Initial Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Address Apt. Number City State Zip Code

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
 Resident Telephone Number Optional Telephone Number Valid Driver's License Number / State

Can you provide proof of a valid driver's license?  Yes  No  
 (If yes, please complete Form #3 of this Application for Employment.)

If you are under 16 years of age, can you provide required proof of your eligibility to work?  
 (Work permit)  Yes  No

Have you ever been convicted of a felony?  Yes  No

If Yes, Explain: \_\_\_\_\_

Have you ever been employed with us before? If yes, give date(s) and Supervisor's name \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, are you employed?  Full-time  Part-time

May we contact your present employer?  Yes  No

Are you available to work:  Full-time  Part-time  Summer  Temporary

On what date are you available for work? \_\_\_\_\_

**Email address:** \_\_\_\_\_

(please print)

**THE MACOMB PARK DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER**  
*The Macomb Park District supports diversity in the work place and encourages minorities, women and persons with disabilities to apply.*

## Education

School Name and Location/Address	High School				Undergraduate College/University				Graduate/Professional					
	9	10	11	12	1	2	3	4	1	2	3	4	5	6
Years Completed														
Diploma/Degree Received														
List Majors/Minors and Special Courses														

In the space below, state any additional information you feel may be helpful to us in considering your application. List any certificates/recognition you have received. List extracurricular and volunteer activities in which you have participated.

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## References

Provide three references of individuals who are not related to you and are not previous or current employers. Give names, addresses and telephone numbers. (Please Print)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer positions.

<b>1.</b> Employer:	DATES EMPLOYED From – Mo./Yr. To - Mo./Yr.	Job Title/Brief Summary of Work Performed:
Street Address: City: State: Zip Code:		
Supervisor's Name	Telephone Number(s)	Reason for Leaving:
<b>2.</b> Employer:	DATES EMPLOYED From – Mo./Yr. To - Mo./Yr.	Job Title/Brief Summary of Work Performed:
Street Address: City: State: Zip Code:		
Supervisor's Name	Telephone Number(s)	Reason for Leaving:

## Employment Experience (Continued)

<b>3.</b>	<b>Employer:</b>	<b>DATES EMPLOYED From - Mo./Yr. To - Mo./Yr.</b>	<b>Job Title/Brief Summary of Work Performed:</b>
<b>Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Supervisor's Name</b>		<b>Telephone Number(s)</b>	<b>Reason for Leaving</b>
<b>4.</b>	<b>Employer:</b>	<b>DATES EMPLOYED From - Mo./Yr. To - Mo./Yr.</b>	<b>Job Title/Brief Summary of Work Performed</b>
<b>Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Supervisor's Name</b>		<b>Telephone Number(s)</b>	<b>Reason for Leaving</b>

If in need additional space, please continue on a separate sheet of paper or attach a resume`.

### JOB RELATED SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

This application for employment shall be considered active for a period of time not to exceed one (1) year from the time of application.

I authorize the Macomb Park District to contact references, current employers, and former employers to verify information provided by me in this application for employment.

In the event of employment, I understand that false information given in my application may result in discharge. I understand, also, that I am required to abide by all rules, policies, and regulations of the Macomb Park District.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No    Background Investigation  Yes  No

Remarks \_\_\_\_\_

Interview Date \_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_

Position \_\_\_\_\_

Department \_\_\_\_\_

Hiring Individual's Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTES:**



Form #2

**AUTHORIZATION FOR CRIMINAL BACKGROUND INVESTIGATION**

The Macomb Park District is required by law to secure an Illinois State Police Background Investigation for all individuals who may be considered for employment. This is done in accordance with 70 Illinois Compiled Statutes 1205/8-23(a). The Macomb Park District cannot, under any circumstance, consider an individual for employment without this investigation completed. The information provided is considered to be voluntary and confidential. Please fill in all information requested. This authorization must be witnessed, but does not need to be notarized.

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_  
(Last Name) (Middle Name) (First Name) (Month) (Day) (Year)

Social Security Number \_\_\_\_\_, in accordance with 70 Illinois Compiled Statutes 1205/8-23(a), do hereby authorize the Macomb Park District to submit my name, sex, race, date of birth, and social security number to the Department of State Police of Illinois so that a criminal background investigation may be conducted of me as required by law for my application for employment and as a condition of my employment with the Macomb Park District in order to determine if I have been convicted of any enumerated criminal or drug offenses as listed in 70 Illinois Compiled Statutes 1205/8-23(c) or if I have been convicted, within seven years of the application for employment with the Macomb Park District of any other felony under the laws of this State or of any offense committed or attempted in any other State or against the laws of the United States that, if committed or attempted in this State, would have been punishable as a felony under the laws of this State.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Driver's License Number State Licensed In Sex Race

If your submission contains values other than the standard code values, listed below, the search results could be adversely affected. Please use the following code values used in the Illinois State Police name search:

- Indicate Sex: F = Female, M = Male, or U = Unknown
- Indicate Race: W = White (includes Mexicans and Latinos), B = Black, A = Asian/Pacific Islander, I = Indian/Alaskan Native, or U = Unknown

Witnessed By:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Printed Name



APPLICATION FORM # 3

Please complete this form if you have a valid driver's license (from any state) and are applying for a position that may require you to drive a Macomb Park District vehicle.

**AUTHORIZATION FOR DRIVER'S LICENSE BACKGROUND INVESTIGATION**

The Macomb Park District, as part of its Risk Management Policy, investigates through the Illinois Secretary of State's office or other appropriate office in other states, the driving record of all individuals considered for employment who may drive a Macomb Park District vehicle during their employment.

The Macomb Park District will not consider an individual for employment in a position which may require the person to drive a Macomb Park District vehicle without the investigation completed. The information provided is considered to be voluntary and confidential. Please fill in all information requested. This authorization must be witnessed, but does not need to be notarized.

I, \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last Name) (Middle Name) (First Name) (Month) (Day) (Year)

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, do hereby authorize the Macomb Park District to submit my name, date of birth, driver's license number and social security number so that an investigation of my driving history may be conducted as required by the Macomb Park District.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Driver's License Number \_\_\_\_\_ State licensed in \_\_\_\_\_

Driver's License Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
(please print)

Witnessed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Printed Name