



Macomb Park District

APPLICATION FOR EMPLOYMENT

PHONE: 309-833-4562
FAX: 309-836-7095
TTY: 309-837-7301

E-MAIL: parks@macomb.com
WEB PAGE: macombparkdistrict.com
1406 North Randolph St. Macomb, IL 61455

(PLEASE PRINT)

Last Name First Name Middle Initial Phone Number

_____/_____/_____
Address Apt. Number City State Zip Code

_____/_____/_____
Position Applied For Other Position(s) Applied For Date of Application

Email Address

Can you provide proof of valid driver's liense? Yes No
(If yes, please complete Form #3 of the application)

If you have been previously employed with us, please provide dates and Supervisor's name:

Are you currently employed? Yes No

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

May we contact your current employer? Yes No

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

What date are you available to start? ___/___/_____

EDUCATION: School Name	City	Years Completed	Degree
High School _____		9 10 11 12 _____	
College _____		1 2 3 4 _____	
Graduate/ Professional _____		1 2 3 4 5 6 _____	

Please provide any additional information you feel may be helpful to us in considering your application. List any certificates/recognition you have received or extracurricular/volunteer activities you have participated in.

REFERENCES

Provide three references who are not related to you and are not previous/current employers. Print their name, email and phone numbers.

1. _____
2. _____
3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Use additional pages or attach a resume if needed.

Employer: _____ Job Title: _____

City/State: _____ / _____ Dates Employed: _____ / _____ to _____ / _____
Month Year Month Year

Supervisor: _____ Phone Number: _____

Brief Summary of Work: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____

City/State: _____ / _____ Dates Employed: _____ / _____ to _____ / _____
Month Year Month Year

Supervisor: _____ Phone Number: _____

Brief Summary of Work: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____

City/State: _____ / _____ Dates Employed: _____ / _____ to _____ / _____
Month Year Month Year

Supervisor: _____ Phone Number: _____

Brief Summary of Work: _____

Reason for Leaving: _____

JOB RELATED SKILLS AND QUALIFICATIONS

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

**Applicants under 16 years of age must provide a copy of their workers' permit within 5 business days of being hired. **

Applicant's Statement

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize the investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you. I understand a criminal background check will be conducted and authorize the release of conviction information on me to the Quincy Park District. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

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

Signature of Applicant

_____/_____/_____
Month Day Year



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 not 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