

APPLICATION FOR EMPLOYMENT

**Pre-Employment Questionnaire
Equal Opportunity Employer**

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		PHONE NO.
ADDRESS	CITY	ZIP CODE
EMAIL	REFERRED BY	

EMPLOYMENT POSITION DESIRED

DEPARTMENT <input type="checkbox"/> Recreation <input type="checkbox"/> Maintenance <input type="checkbox"/> Admin		POSITION
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	ARE YOU LEGALLY AUTHORIZED TO WORK IN U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU EMPLOYED CURRENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU WORK NIGHTS/WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE YOU CAN START

EDUCATIONAL HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

DATE MONTH AND YEAR	NAME & PHONE OF EMPLOYER	POSITION	REASON FOR LEAVING
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			

REFERENCES GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

**The 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. Conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for the district. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific job. Applicants are not obligated to disclose sealed or expunged records of conviction.*

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if chosen, falsified statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

-----DO NOT WRITE BELOW THIS LINE-----

INTERVIEWED BY _____ DATE _____

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT

APPROVED: 1. _____ 2. _____ 3. _____
 OORDINATOR DEPARTMENT SUPERVISOR EXECUTIVE DIRECTOR