

Application for Employment

Marion Park District 519 Parish Avenue, Marion, IL 62959

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status

Applicant Information

(PLEASE PRINT)

Position Applied for?	Date of application?
For Lifeguards:	
American Red Cross Lifeguard/First Air Certification	Yes No Expires
WSI certification Yes No Expires	
Full Name	
Address	
Home phone	
Best time to contact you?	Social Security (voluntary)
If you are under the age of 18 years of age, can yo	ou provide required proof of your eligibility to
work?	
Do you have any friends/relatives who work here	? If yes, who?
Have you ever been employed with us before?	If yes, give date
Are you able to work: full time part time ten	nporary seasonal
Date available for work?	
Desired salary?	
Do you have a valid Illinois drivers' license?	

		Educa	ation		
High School:		Address:	VEC	NO	
From:	To:	Did you graduate?	YES		Degree:
College:		Address:			
From:	To:	Did you graduate?	YES		Degree:
Other:		Address:			
From:	To:	Did you graduate?	YES		Degree:

Personal References

Please list three personal references: (Do not list relatives, Marion Park District employees or Commissioners)

Full Name:	Relationship:	
Company:	Phone: ()
Address:		
Full Name:	Relationship:	
Company:	Phone: ()
Address:		
Full Name:	Relationship:	
Company:	Phone: ()
Address:		
Previous	mployment	

		•	<i>.</i>				
Company:				Phone:	()	
Address:				Supervisor:			
Job Title:		Starting Salary:	\$		Endin	g Salary:	\$
Responsibilities:							
From:	То:	Reason for Leaving:					
May we contact your pre	vious supervisor for a	reference?					

Compan	y:			Phone	e: ()	
Address:				Superviso	:		
Job Title	:	Starting Salary:	\$		Enc	ling Salary:	\$
Respons	ibilities:						
From:	To:	Reason for Leaving:					
May we	contact your previous supervisor for a	reference?					
Compan	y:			Phone	: ()	
Address:				Superviso	:		
Job Title	:	Starting Salary:	\$		Enc	ling Salary:	\$
Respons	ibilities:						
From:	To:	Reason for Leaving:					
May we o	contact your previous supervisor for a	reference?		NO			
	SKILLS: Please list technical skills, relevant computer systems and so note your level of proficiency (bas	oftware packages of v	whic	h you have a v		•	

Military Service

Branch:

From:

To:

Rank at Discharge:

If other than honorable, explain:

Type of Discharge:

Disclaimer and Signature

**PLEASE READ CAREFULLY BEFORE SIGNING **

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Marion Park District that such employment with the Marion Park District is "at will", for no specified duration and may be terminated by Marion Park District at any time, with or without cause or notice, unless such process is covered in a collective bargaining agreement.

I understand that none of the documents, policies, procedures, actions, statements of Marion Park District or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Marion Park District except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Board of Marion Park District.

In consideration for employment with Marion Park District, if employed, I agree to conform to the rules, regulations, policies and procedures of the Marion Park District at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the Marion Park District business, attendance and punctuality are considered essential requirements of every job and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with the Marion Park District, I may be required to submit to a pre - employment medical examination, drug screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre - employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Marion Park District and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature of applicant

Date