



Have you ever been convicted of any felony? Yes \_\_\_\_\_ No \_\_\_\_\_

*The Bensenville Park 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 in 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 required to disclose any sealed or expunged convictions.*

If yes, describe: \_\_\_\_\_

Have you served in the U.S. Armed Forces (include National Guard or Reserves)? \_\_\_\_\_  
Branch of service: \_\_\_\_\_ Applicable skills acquired: \_\_\_\_\_

**WORK HISTORY** (fill in below, beginning with most current employment).

Most recent employer	Address	Phone
Date started	Starting Salary	Starting Position
Date left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor		
Description of duties		Reason for Leaving

Employer	Address	Phone
Date started	Starting Salary	Starting Position
Date left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor		
Description of duties		Reason for Leaving

Employer	Address	Phone
Date started	Starting Salary	Starting Position
Date left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor		
Description of duties		Reason for Leaving

NOTE: Please explain any gaps in employment.

\_\_\_\_\_  
\_\_\_\_\_

Please list any skills, licenses, training, etc. applicable to the position for which you are applying:

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*Note to Applicants: Do not answer this question unless you have been informed about the essential requirements of the job for which you are applying. You may obtain a copy of the job description at the Business Office.*

Are you capable of performing in a reasonable and safe manner, with or without reasonable accommodation, the essential job duties for the job or position for which you have applied? Yes\_\_\_\_\_No\_\_\_\_\_

### **APPLICANT'S CERTIFICATION AND AGREEMENT**

**I certify that all the information submitted by me on this application is true and complete, and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and hereby release and waive any claim against the Bensenville Park District which may allegedly arise from such investigation. I further understand that if any false information, omissions, or misrepresentations are either contained in my application or given during any interview and are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the Bensenville Park District's rules and regulations, and I agree that my employment is "at-will" and my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at either my or the Park District's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause, and with or without notice at any time by the Bensenville Park District.**

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

**I understand that if I am hired, I will be required to provide proof of identity and information for compliance with the Immigration Reform and Control Act.**

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## **EMPLOYMENT REFERENCES**

PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE WORK RELATED REFERENCES THAT WE MAY CONTACT.

1. NAME OF REFERENCE \_\_\_\_\_  
NAME OF EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_  
PLEASE CHECK:     \_\_\_\_\_ SUPERVISOR  
                          \_\_\_\_\_ CO-WORKER  
                          \_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

2. NAME OF REFERENCE \_\_\_\_\_  
NAME OF EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_  
PLEASE CHECK:     \_\_\_\_\_ SUPERVISOR  
                          \_\_\_\_\_ CO-WORKER  
                          \_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

3. NAME OF REFERENCE \_\_\_\_\_  
NAME OF EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_  
PLEASE CHECK:     \_\_\_\_\_ SUPERVISOR  
                          \_\_\_\_\_ CO-WORKER  
                          \_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_