

EMPLOYMENT APPLICATION

Equal Opportunity Employer

Seeking Position:	□ Lifeguard □ Swim Instructor	□ Park Maintenand □ Assistant Mgr.	ce
Personal Information:			
Name:			
Phone:			
Age:			
Certification:			
Are you a certified lifeg	guard? Yes	No	
Certification Date:	CPR-PR Date: _		
Are you a WSI?	YesNo Ce	rtification Date:	
Work Experience:			
(list past work experience in	order by most recent listed	! first)	
Employer (name & address):	Duties:		Dates:

References: (give 2 character references who are not past employers)

Name: ______ Phone: _____ Relationship: _____

	Phone:	Relationship:
Applicants 18 and over		
applicants, and shall perform for which you have applied. A Conviction of offenses enume from consideration for working	a criminal background check Applicants are not obligated to trated in subsection (c) of said ng for the District. All other cor	to obtain criminal conviction information concerning for applicants for all positions, including the position disclose sealed or expunged records of convictions. statute shall automatically disqualify the applicant nvictions shall not automatically disqualify the be considered in relation to the specific job.
investigation of all statements employment decision and her arise from such investigation (misrepresentations are discorbe terminated. In consideration and agree that my employme without cause, and with or with and agree that the terms and without notice at any time by period of time not to exceed a period should inquire as to withined, I will be required to pr	s contained in this application for reby release and waive any class. I further understand that if wered, my application may be on of my employment, I agree int is "at-will" and my employment in thout notice, at any time, at eith condition of my employment in the Park District. This applicated 45 days. Any applicant wishing the ther or not applications are ovide proof of identity and information in the proof of identity and information in the proof of identity and information.	pplication is true and complete, and I authorize for employment as may be necessary in arriving at an aim against the Park District which may allegedly any false information, omissions, or rejected and, if I am employed, my employment may to conform to the Park District's rules and regulation ment and compensation can be terminated, with or mer my or the Park District's option. I also understand may be changed, with or without cause, and with or ion for employment shall be considered active for a g to be considered for employment beyond this time being accepted at that time. I understand that if I am ormation for compliance with the Immigration Reform and check as described above will be conducted.'
Applicant Signature:		Date:
	This Line – Office Use	Only
	rviewed By:	
Hired? □Yes □No		
	□Ves □ No	
IRS W-4 Completed?		
IRS W-4 Completed? Employee Handbook	provided and signed	? □Yes □ No
Employee Handbook		

Annual Notes: