



1406 North Randolph
Macomb, Illinois 61455

APPLICATION FOR EMPLOYMENT Form #1

FAX: 309-836-7095
TTY: 309-837-7301
E-MAIL: parks@macomb.com
WEB PAGE: www.macomb.com/~parks

(PLEASE PRINT)

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

_____/_____/_____
Last Name First Name Middle Initial Social Security Number

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

(_____) (_____) _____
Resident Telephone Number Optional Telephone Number Valid Driver's License Number / State

Can you provide proof of a valid driver's license? _____ Yes _____ No
(If yes, please complete Form #3 of this Application for Employment.)
If you are under 16 years of age, can you provide required proof of your eligibility to
work? (work permit) _____ Yes _____ No
Have you ever been convicted of a felony? _____ Yes _____ No
If Yes, Explain: _____

Have you ever been employed with us before? If Yes, give date(s) and Supervisor's
name _____

Are you currently employed? _____ Yes _____ No
If Yes, are you employed? _____ Full-time _____ Part-time
May we contact your present employer? _____ Yes _____ No

Are you available to work: _____ Full-time _____ Part-time _____ Summer
_____ Temporary
On what date are you available for work? _____

THE MACOMB PARK DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER
*The Macomb Park District supports diversity in the work place and encourages minorities,
women and persons with disabilities to apply.*

Education

School Name and Location/Address	High School				Undergraduate College/University				Graduate/Professional					
	9	10	11	12	1	2	3	4	1	2	3	4	5	6
Years Completed														
Diploma/Degree Received														
List Majors/Minors and Special Courses														

In the space below, state any additional information you feel may be helpful to us in considering your application. List any certificates/recognition you have received. List extra curricular and volunteer activities in which you have participated.

References

Provide three references of individuals who are not related to you and are not previous or current employers. Give names, addresses and telephone numbers. (Please Print)

1. _____
2. _____
3. _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer positions.

1. Employer:	DATES EMPLOYED From – Mo./Yr. To - Mo./Yr.	Job Title/Brief Summary of Work Performed:
Street Address: City: State: Zip Code:	Last or Current Pay Rate/Annual Salary	
Supervisor’s Name	Telephone Number(s)	Reason for Leaving:
2. Employer:	DATES EMPLOYED From – Mo./Yr. To - Mo./Yr.	Job Title/Brief Summary of Work Performed:
Street Address: City: State: Zip Code:	Last or Current Pay Rate/Annual Salary	
Supervisor’s Name	Telephone Number(s)	Reason for Leaving:

Employment Experience (Continued)

3.	Employer:	DATES EMPLOYED From - Mo./Yr. To - Mo./Yr.	Job Title/Brief Summary of Work Performed:
Street Address:		Last or Current Pay Rate/Annual Salary	
City:	State:	Zip Code:	
Supervisor's Name		Telephone Number(s)	Reason for Leaving
4.	Employer:	DATES EMPLOYED From - Mo./Yr. To - Mo./Yr.	Job Title/Brief Summary of Work Performed
Street Address:		Last or Current Pay Rate/Annual Salary	
City:	State:	Zip Code:	
Supervisor's Name		Telephone Number(s)	Reason for Leaving

If in need additional space, please continue on a separate sheet of paper or attach a resume`.

JOB RELATED SKILLS AND QUALIFICATIONS

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

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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

I authorize the Macomb Park District to contact references, current employers, and former employers to verify information provided by me in this application for employment.

In the event of employment, I understand that false information given in my application may result in discharge. I understand, also, that I am required to abide by all rules, policies, and regulations of the Macomb Park District.

_____ / ____ / ____
Signature of Applicant *Month Day Year*

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FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No Background Investigation Yes No

Remarks _____

Employed Yes No Date of Interview _____ Date _____
Employment _____/_____/_____

Position _____ Hourly Rate/Annual
Salary _____ Department _____

Hiring Individual's Signature _____
Date _____

NOTES:



MACOMB PARK DISTRICT
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 does not need to be 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 _____

Witnessed By:

Signature

Witness Signature

Printed Name

Witness Printed Name

