

FOR OFFICE USE ONLY

L \_\_\_\_\_

DATE \_\_\_\_\_

# Employment Application

All sections of this application must be completed even if a resume is attached.

## Personal

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
LAST FIRST M.I.

Present address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone number: \_\_\_\_\_ Other phone/email address: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Salary/wage desired: \$ \_\_\_\_\_  
 Regular  Full-time  
 Temporary  Part-time

Have you worked for us before? YES / NO If yes, when? \_\_\_\_\_

List any relatives/friends working for us: \_\_\_\_\_

Have you used another last name in which your educational or employment records are filed? YES / NO  
If yes, please provide name: \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?  
YES / NO

How were you referred to the Lake County Forest Preserves?  
 Advertisement (Give name of publication: \_\_\_\_\_)  
 Bulletin (Location where you saw it posted: \_\_\_\_\_)  
 Other (Please explain: \_\_\_\_\_)

Are you legally authorized to work in the United States? YES / NO Are you below the age of 18? YES / NO

Have you, since age 18, been convicted of a misdemeanor or felony, other than minor traffic violations? YES / NO  
(You are not obligated to disclose sealed or expunged records of convictions or arrests. Note: a conviction record will not necessarily exclude you from employment. All factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation are taken into account).

If the job for which you are applying requires driving a County vehicle, do you possess a valid drivers license? YES / NO

AN EQUAL OPPORTUNITY EMPLOYER

## Education

| Name and Location of School                 | Date Attended |    | Major Subject and Number of Years Completed | Degree or Certificate Earned |
|---|---------------|----|---|------------------------------|
|   | From          | To |   |                              |
| High School                                 |               |    |   |                              |
|   |               |    |   |                              |
| College(s)                                  |               |    |   |                              |
|   |               |    |   |                              |
| Business, Technical or Certificate Programs |               |    |   |                              |
|   |               |    |   |                              |

Professional registrations, license and/or certificates and date received:

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Additional training/skills that relate to the position:

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List any organizations, clubs, societies or professional memberships which relate to the job for which you are applying:

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## Military Service Record

Have you served in the U.S. Armed Forces?      YES / NO      **Branch:** \_\_\_\_\_

**Enlistment date:** \_\_\_\_\_      **Discharge date:** \_\_\_\_\_      **Type of discharge:** \_\_\_\_\_

What special military training did you receive that would relate to the job for which you are applying?

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All sections of this application must be completed even if a resume is attached.

## Employment History

Beginning with your current or most recent employer, please complete this section as accurately as possible.

Firm name: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
MO/YR MO/YR

Job title: \_\_\_\_\_ Starting salary: \$ \_\_\_\_\_ Ending salary: \$ \_\_\_\_\_

Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_ May we contact? YES / NO

Firm name: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
MO/YR MO/YR

Job title: \_\_\_\_\_ Starting salary: \$ \_\_\_\_\_ Ending salary: \$ \_\_\_\_\_

Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_ May we contact? YES / NO

Firm name: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
MO/YR MO/YR

Job title: \_\_\_\_\_ Starting salary: \$ \_\_\_\_\_ Ending salary: \$ \_\_\_\_\_

Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_ May we contact? YES / NO

Additional comments may be written on the next page.

## References

List the names of two persons who know your character, ability or experience and have known you for at least two years. For example, current or former co-workers, neighbors. **Please do not list relatives.**

| Name  | Relationship | Telephone number |
|-------|--------------|------------------|
| _____ | _____        | _____            |
| _____ | _____        | _____            |
| _____ | _____        | _____            |

## Applicant Comments

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I understand that this employment application and any other District documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment, and may be terminated by the District at any time. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I hereby authorize the District to make all reasonable inquiries of current and previous employers and other sources to determine my fitness for hire.

The information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Thank you for completing this form and for your interest in the Lake County Forest Preserve District. All qualified applicants will be considered for employment without regard to race, color, age, sex, religion, national origin, ethnic identity, disability, marital status or veteran status.

*The following section is to be completed on a voluntary basis and will be used by the Human Resource Department to satisfy Equal Opportunity Employment Requirements.*

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## Important

In order to comply with federal regulations in the area of Equal Opportunity Employment, employers must have data available on applicant flow patterns (41 CFR60 2.12, 60-741.5, 60-250-5). For this reason, we would appreciate your voluntary cooperation in providing the following information. This information will be treated confidentially and will not result in adverse treatment of any individual. This information may be provided to government officials investigating our compliance status.

\_\_\_\_\_  
SEX                                      RACE                                      VETERAN                                      DISABLED                                      OVER 40 YEARS OLD?