



SUGAR GROVE PARK DISTRICT

61 Main Street, Sugar Grove, IL 60554
Phone (630) 466-7436 Fax (630) 466-8675
www.sgparks.org

Employment Application

Please complete this application and submit directly to the Sugar Grove Park District offices. Due to the nature of many of the positions (working with youths), the Park District makes significant efforts to screen employees for the safety of participants, volunteers, and other staff. The information provided will be used to evaluate your experience and background history. Some sensitive placements may require a formal background check.

PLEASE write legibly. Fill in all spaces. Be accurate and complete.

Last Name		First Name		Middle Initial
Mailing Address		City, State		Zip
Street Address (if different)		City, State		Zip
Are you over 18?		Cell Phone Number		Home Phone Number
Email:		Emergency Contact Name		Emergency Contact Phone
Circle the last grade completed Grade School: 6 7 8 High School: 9 10 11 12 GED College: 1 2 3 4 MORE				Do you have transportation? Yes No
If the job requires driving, do you have a valid driver's license? Yes No		What State?		List any special driver's license classifications or restrictions:

Please list two personal references:

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

If currently or previously employed, please provide the following information for the most recent employer:

Employer Name	Type of Business	Start Date
Job Duties		End Date
Address		Phone Number
Employer Name	Type of Business	Start Date
Job Duties		End Date
Address		Phone Number
Employer Name	Type of Business	Start Date
Job Duties		End Date
Address		Phone Number

Please list the position you are interested in: _____

If referred by a current staff member, please write their name: _____

Check One: () Full Time () Seasonal/Part Time () Seasonal/40 Hours

Please describe any previous volunteer or work experience which would relate to the position you noted previously. If you worked in a recreation-related program, please list the ages of the participants of the program that you have worked with directly:

Please list your special skills, interests, and hobbies that would help with your placement:

Are there any special needs or conditions that should be taken into consideration in arranging your assignment?

Please read carefully and completely before signing:

I certify that the information given by me in and connection with this application is true and complete in all respects. I authorize the Sugar Grove Park District to conduct a thorough investigation concerning my background, and myself including a criminal background investigation. I agree to cooperate in any such investigation and understand that any offer of employment by the District or my continued employment (if already employed) is contingent on the results of such investigation. I further understand that I have a continuing duty to immediately disclose any and all criminal convictions as requested in this Application. I acknowledge that if I have provided any false or incomplete information with respect to this Application in any way, such will be grounds for the rejection of my Application and/or my immediate dismissal from employment. I authorize the use of any information in this Application to enable the Sugar Grove Park District to verify my statements and I authorize past employers, all references and any other persons to answer all questions by the Park District concerning my abilities and employment record. I release all such entities from any liability and damages on account of having furnished such information and I release the Park District from any liability and damages arising out of its use and/or reliance on such information.

I also understand and agree that this Application is not an offer of employment and nothing contained in this Application, any employee handbook, policy manual or other Park District correspondence or in grating an interview is intended to create a contract between the Park District and me for either employment or the provision of any benefit. I further understand that my employment relationship with the Sugar Grove Park District is "at-will" which means that it may be terminated by either me or the District at any time with or without cause or advance notice. I acknowledge that no supervisor or representative of the District has the right to alter this "at-will" relationship.

I further understand that any offer of employment is conditioned upon my being able to perform the essential functions of the position desired with any appropriate reasonable accommodations and upon the successful completion of a criminal background check. I understand that the Sugar Grove Park District maintains a Drug Free Workplace for the health and safety of its employees and its citizens.

Applicant Signature: _____ Date: _____

Print Name: _____ Phone: _____

If under 18 years of age, parent's or guardian's name: _____