

Paxton Park District Employment Application

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First Middle Initial

Address: _____
Street Address City State Zip

Phone Number: _____ Email: _____

Date Available: _____ Position Applying for: _____

Social Security Number: _____
can wait to provide upon hiring

Are you a citizen of the United States YES NO If NO, are you authorized to work in the U.S. YES NO

Have you ever worked for the Park District YES NO If YES, when: _____

Have you ever been convicted of a felony YES NO If YES, explain: _____

EDUCATION

High School: _____ From: _____ To: _____

Did you graduate? YES NO

College: _____ From: _____ To: _____

Did you graduate? YES NO Degree: _____

Additional Education/Certifications: _____

PREVIOUS EMPLOYMENT (list from most recent on)

Company: _____ Supervisor: _____

Address: _____ Phone Number: _____

Job Title: _____ Starting Wage: _____ Ending Wage: _____

Job Responsibilities: _____

Date Employed From: _____ Date Employed To: _____ Reason for Leaving: _____

May we contact this employee and/or supervisor for a reference? YES NO

PREVIOUS EMPLOYMENT CONTINUED (list from most recent on)

Company: _____ Supervisor: _____

Address: _____ Phone Number: _____

Job Title: _____ Starting Wage: _____ Ending Wage: _____

Job Responsibilities: _____

Date Employed From: _____ Date Employed To: _____ Reason for Leaving: _____

May we contact this employee and/or supervisor for a reference? YES NO

Company: _____ Supervisor: _____

Address: _____ Phone Number: _____

Job Title: _____ Starting Wage: _____ Ending Wage: _____

Job Responsibilities: _____

Date Employed From: _____ Date Employed To: _____ Reason for Leaving: _____

May we contact this employee and/or supervisor for a reference? YES NO

REFERENCES

Please list three (3) additional references. These references should not be former supervisors listed above, nor should they be family.

Name: _____ Relationship: _____

Phone: _____ Email: _____ Years Known: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____ Years Known: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____ Years Known: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

DISCLAIMER & SIGNATURE I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Know that we consider applicants for all positions without regard to race, religion, ethnicity, sex, age, marital or veteran status, the presence of non-job related medical condition or disability, or any other legally protected status.

Signature: _____ Date: _____