

chicago park district

Employment Application

DHR USE ONLY	
Qualified _____	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;">RECEIVED</div>
If not- reason _____	
Date _____	
By _____	

The Chicago Park District's Human Rights Ordinance applies to all Park District officers, employees, and contractors. The ordinance bars discrimination against individuals in connection with either employment or the availability of facilities and service at any public place of accommodation owned or operated by the Chicago Park District. A person may not be discriminated against based on race, color, religion, sex, age, sexual orientation, physical or mental handicap, unfavorable discharge from military service, parental status, national origin, ancestry, source of income, marital status, or any other protected class. Consistent with the American with Disabilities Act, applicants may request accommodations needed to participate in the application process.

NOTE: Evaluations on qualifications for a position are based on the information you provide on this application form. Each question must be answered completely and accurately. Even if a resume is attached, each applicable section of the application must be filled out. If a question is not applicable, N/A should be written as a response. Information and credentials may be verified. Applicants found qualified for a position applied for will be eligible to be interviewed for that position. Being found qualified for a position is not an offer or guarantee of an interview or employment with the Chicago Park District. It is merely a statement of eligibility. Qualified applicants may be required to appear for and pass additional examinations to be considered for a position.

APPLICATIONS MUST BE COMPLETED IN FULL TO BE CONSIDERED INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

PLEASE PRINT

Position Applying For	Location of Position	Applying for (check only one) <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal
Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code
Social Security Number	Home Telephone	Additional Contact Number
Email Address		

**Chicago Park District • 541 N. Fairbanks Court • Chicago, Illinois 60611 • (312) 742-PLAY
www.chicagoparkdistrict.com**

The Chicago Park District is an Equal Opportunity Employer

Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, give birth date _____	Have you participated in After School Matters? <input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers License Number _____	State _____	Year(s) of participation: _____
Drivers License Class _____	Expiration Date _____	Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran of the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch _____	Are you on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Discharge _____		Date of expected recall _____ Layoff from what title? _____
Have you ever been employed by the Chicago Park District? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, positions held _____	Have you ever been discharged or resigned not in good standing from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full _____
Dates of Employment _____	Reason for leaving CPD _____	
Have you ever been convicted or plead guilty to a crime in a court of law? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Pursuant to the Illinois Criminal Identification Act, 20 ILCS 2630/12, you are not obligated to disclose sealed or expunged records of conviction.</small>		Are you related to any employee at the Chicago Park District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names _____

PREVIOUS EMPLOYMENT (Start with your current job, or your most recent position)

Even if a resume is attached, you must complete each applicable section in full

Employer	Date Hired
Address	Date Separated
Supervisor's Name and Title	Supervisor's Phone
Positions Held:	Starting Pay \$
Description of Duties:	Ending Pay \$ Reason for leaving:

Employer	Date Hired
Address	Date Separated
Supervisor's Name and Title	Supervisor's Phone
Positions Held:	Starting Pay \$
Description of Duties:	Ending Pay \$ Reason for leaving:

Employer	Date Hired
Address	Date Separated
Supervisor's Name and Title	Supervisor's Phone
Positions Held:	Starting Pay \$
Description of Duties:	Ending Pay \$ Reason for leaving:

EDUCATIONAL BACKGROUND

Type of School	Name and Location of School	How many years did you complete?	Major Area Study	Did you receive a degree?	Type of Degree
High School/GED		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		YES <input type="checkbox"/> NO <input type="checkbox"/>	
College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Graduate/Professional				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other				YES <input type="checkbox"/> NO <input type="checkbox"/>	

Please describe any skill, ability, and/or experience, however acquired which is relevant to the position for which you are applying

Language skills: Other than English, please list your other communication skills

Language # 1 _____	Speak _____	Read _____	Write _____	Understood Spoken _____
Language # 2 _____	Speak _____	Read _____	Write _____	Understood Spoken _____

Certification

- I do solemnly swear or certify that the statements I have made and will make, as well as the information provided on and in conjunction with my application for employment, or regarding any aspect of my applying for employment will be truthful.
- Any untrue written or spoken statements made by me in conjunction with my application for employment will be considered sufficient to disqualify me from consideration for employment, or if I am employed, dismissal, no matter when the untrue information is discovered.
- I understand any offer of employment is contingent on my submission to and successful completion of a medical examination and/or drug testing.
- I understand the Chicago Park District conducts a criminal background check by fingerprinting and that (a) if I do not participate in the fingerprinting, I will not be eligible for employment; and (b) any offer of employment is subject to the results of the criminal background check.
- I understand employment for certain positions is contingent upon and requires proof of a valid Class C or D State of Illinois driver's license.
- I understand that some positions may also require that I submit to an initial and/or continuing credit check in order to be hired or moved to a different job title, and any offer of employment may be subject to the results of a credit check.
- I acknowledge this application is not intended to be a contract of employment and that employment with the Chicago Park District is on an at will basis, unless specified to the contrary as part of a collective bargaining agreement. As such, the employment relationship may be ended by either the employee or the Chicago Park District at any time.
- I am aware that City of Chicago residency is a legal requirement at the time of employment. If hired, I agree to comply with this requirement as well as furnish proof of Chicago residency. I further agree upon employment to furnish proof of identity, age, eligibility to work in the United States, and to meet all other qualifying procedures as the Chicago Park District may designate.

Authorization for Release of Information

- I authorize the officers or employees of any former employer to furnish a complete history of my employment with their organization. I further authorize any law enforcement agency, administrator, state agency, educational institution or private information bureau that has any record or knowledge of my employment history, credit history, motor vehicle operation history, criminal record, education or other history or record to provide that information.
- I consent to a medical examination, including drug testing, and authorize the results of any fitness for duty be provided to the Chicago Park District.
- I release the Chicago Park District from any and all liability for damages which may result from conducting these investigations or obtaining any investigative or medical reports or test results. I further release any individual from any and all liability from damages that may result to me on account of my compliance with this authorization.

BY SIGNING BELOW I AM INDICATING MY UNDERSTANDING AND AGREEMENT WITH THE CERTIFICATION AND THE AUTHORIZATION FOR RELEASE OF INFORMATION ABOVE

Applicant Signature _____ **Date** _____

Print Name _____

Position Applied for _____

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Consent Required if Applicant is Under 18 Years of Age



chicago park district

Equal Opportunity Information Form

The Chicago Park District is an Equal Opportunity Employer. As required by law, we must record certain information to be made part of our Affirmative Action Program. Your responses will remain confidential within the Human Resources Department and will be used only for necessary information to include in our Affirmative Action Program. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

General Application Information (please print)

Name: _____

Position Applied For: _____

Date: _____

Date of Birth Month _____

Day _____

Year _____

Please check all that apply

- Hispanic (White race only)
- Hispanic (All other races)
- American Indian or Alaskan
- Asian
- Native Hawaiian or Pacific Island
- Black or African American
- White

How did you hear of our opening?

- Current Employee
- Newspaper Ad
- Chicago Park District Website
- Newspaper Ad
- Other –please explain below

Gender

- Male
- Female

Veteran Status

- Vietnam Era Veteran
- Special Disabled Veteran
- Other Eligible Veteran

Other

- Individual with Disabilities