



Butterfield Park District
21W730 Butterfield Rd.
Lombard, IL 60148
(630)858-2229 fax: (630)858-2234
bpd@butterfieldpd.com

APPLICATION FOR EMPLOYMENT
 (Pre-employment questionnaire) (an equal opportunity employer)

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____ DATE _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ DRIVERS LICENSE # _____

IF YOU ARE UNDER 16 YEARS OF AGE, CAN YOU FURNISH A WORK PERMIT? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES NO

EMPLOYMENT DESIRED

POSITION APPLIED FOR: _____ DATE AVAILABLE TO BEGIN WORK: _____ DESIRED SALARY OR WAGE: _____
IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER?

ARE YOU EMPLOYED NOW? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? _____ IF YES, GIVE DATE. _____

REFERRED BY: _____

WILL YOU BE ABLE TO MEET THE ATTENDANCE REQUIRMENTS OF THIS POSITION? YES NO

ARE YOU WILLING TO WORK OVERTIME AS REQUIRED? YES NO

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS	DEGREE/ DIPLOMA	MAJOR
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GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER TRAINING & EDUCATION	_____	_____	_____	_____

LIST SKILLS, LICENCES AND TRAINING APPLICABLE TO THE POSITION YOU ARE APPLYING FOR: _____

GENERALHAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, DESCRIBE?
_____HAVE YOU SERVED IN TH U.S. ARMED FORCES? YES NO DATE OF DUTY: _____

BRANCH OF SERVICE: _____

APPLICABLE SKILLS ACQUIRED: _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST)

DATE	NAME, ADDRESS OF EMPLOYER & PHONE	POSITION & SALARY	REASON FOR LEAVING
FROM _____			
TO _____			
FROM _____			
TO _____			
FROM _____			
TO _____			

WHICH JOB DID YOU LIKE BEST AND WHY?
_____**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR**

1.	NAME	ADDRESS	BUSINESS	PHONE
1.				
2.				
3.				

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICATION WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THE DISTRICT IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. I ADDITIONALLY UNDERSTAND AND ACKNOWLEDGE THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE DISTRICT TO CONTINUE TO EMPLOY ME IN THE FUTURE; THE LENGTH OF MY EMPLOYMENT IS NOT GUARENTEED. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCTED UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE DIRECTOR OF PARKS AND RECREATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) WILL BE GROUNDS FOR DISMISSAL. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE DISTRICT.

I UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND INFORMATION FOR COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT.

APPLICANT'S SIGNATURE _____

DATE _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

INTERVIEWED BY _____

DATE _____

ABILITY _____

HIRED YES NO

POSITION _____

START DATE _____

HIRED BY _____

SALARY / WAGE _____