

EMPLOYMENT HISTORY

Please list all employers, including military service, summer employment, and part-time jobs beginning with your most recent employer. Attach additional sheets if necessary.

FIRM NAME	ADDRESS	CITY/STATE/ZIP	PHONE NUMBER
Position/Title	From (month/year)	To (month/year)	Reason for Leaving
Supervisor	Hours per Week	Beginning Salary/Rate	Ending Salary/Rate
Description of Duties:			

FIRM NAME	ADDRESS	CITY/STATE/ZIP	PHONE NUMBER
Position/Title	From (month/year)	To (month/year)	Reason for Leaving
Supervisor	Hours per Week	Beginning Salary/Rate	Ending Salary/Rate
Description of Duties:			

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FIRM NAME	ADDRESS	CITY/STATE/ZIP	PHONE NUMBER
Position/Title	From (month/year)	To (month/year)	Reason for Leaving
Supervisor	Hours per week	Beginning Salary/Rate	Ending Salary/Rate
Description of Duties			

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and reason why.

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, certificates, or hobbies that may qualify you as being able to perform job-related functions for the position which you are applying

LICENSES/CERTIFICATIONS

Yes	No	Type	License Issued By	Year Received	Expiration Date
		WSI			
		Lifeguard			
		CPR			
		First Aid			
		Pesticide License			
		Other:			

Drivers License # _____ State _____ Class _____ Expires _____

EMPLOYMENT REFERENCES

List people under whom you have worked or trained who have knowledge of your work related abilities. (Do not list relatives or personal friends)

Name	Address	Telephone	Firm/Occupation
1.			
2.			
3.			

(Please check appropriate answer)

	YES	NO
1. Are you 16 years of age or older?		
2. Are you legally eligible for employment in the U.S.? (Proof of U.S. citizenship or immigration status will be required upon employment)		
3. Have you been convicted of a felony? If yes please explain. (A "yes" answer does not automatically disqualify you from employment.)		

AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated any time without prior notice and without cause.

I understand that a criminal background check and results acceptable to the Urbana Park District is a condition of employment with the Urbana Park District.

Date _____ Signature _____

Applicant is not obligated to disclose expunged juvenile records of arrests or convictions.