



# KENDALL COUNTY FOREST PRESERVE DISTRICT EMPLOYMENT APPLICATION

Date of Application: \_\_\_\_\_

The Kendall County Forest Preserve District is an equal opportunity employer and does not discriminate against applicants and/ or employees on the basis of their race, color, religion, gender, national origin, age, disability, veteran status, sexual orientation, pregnancy, marital status, ancestry, military status, genetic information and/ or any other basis prohibited by federal, state and/ or local laws, regulations and ordinances.

(PLEASE PRINT IN INK. If applicant requires a reasonable accommodation to complete the job application process, please contact David Guritz at 630 553-4131.)

Position Title applied for (title inserted by employer):	Position Represented by Union (inserted by employer): <input type="checkbox"/> No <input type="checkbox"/> Yes	
Last Name:	First Name:	Middle Initial
Address:	City, State & Zip Code	
Home Telephone Number: Work Telephone Number: Mobile Telephone Number:	Email Address:	
How did you hear about this employment opportunity? <input type="checkbox"/> Name of Newspaper _____ <input type="checkbox"/> Name of Employment Agency _____ <input type="checkbox"/> _____ website <input type="checkbox"/> County Employee (Name of Employee) _____ <input type="checkbox"/> Other (Please specify) _____		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please note proof of eligibility to work in the United States will be required upon offer of employment.)</i>		
Are you over the age of 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If no, you may be required to provide authorization from a parent or guardian and / or your school.)</i>		
Can you with or without reasonable accommodation, perform the essential functions of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If you have questions regarding the functions of this job, ask the interviewer before answering this question.)</i>		
Have you ever applied to the Kendall County Forest Preserve District in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide date and position):</i> Date _____    Position _____		
Have you ever worked for the Kendall County Forest Preserve District in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide the date you began and ended your former position as well as the title of that position.</i>  Employment Began on: _____    Date Ended _____    Title: _____		

**DRIVER'S LICENSE (Only for positions which require driving)**

Are you legally authorized to drive in the State of Illinois? ( ) Yes ( ) No

Do you have a Commercial Driver's License (CDL)? ( ) Yes ( ) No

Have you been convicted of any moving violations in the past five years? ( ) Yes ( ) No

If yes, please explain:


Have you ever been convicted of a crime other than a traffic violation? ( ) Yes ( ) No  
(Applicant is not obligated to disclose sealed, expunged or impounded records of conviction or arrest pursuant to Section 12 of the Illinois Criminal Identification Act, 20 ILCS 2630 / 12. A "Yes" response will not disqualify an application for consideration for a position. Such information is only relevant in determining whether the conviction is directly related to the position for which you are applying).

If yes, please explain circumstances.


Have you ever been terminated or asked to resign from any job? ( ) Yes ( ) No

If yes, please explain circumstances.


Which employment status do you prefer? ( ) full-time ( ) part-time ( ) intern

What starting hourly rate of pay or salary (annualized) do you desire if employment is offered to you?

\$ \_\_\_\_\_ Hourly Rate or \$ \_\_\_\_\_ Salary (annualized)

Please indicate date you are available to start employment? \_\_\_\_\_

**Please indicate Days and Hours available:**

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

**Please list any academic honors, scholarships, offices held, etc. that are relevant to the position for which you are applying. (Do not list any which reflect your race, color, religion, gender, national origin, age, disability, sexual orientation, or any other category protected by Federal or State Law)**


**Describe any specialized training, apprenticeships, licenses or skills you have that are relevant to the position for which you are applying:**


Have you received any job-related training in the United States Military? ( ) Yes ( ) No

*(If yes, please provide dates and explanation.)*

DATE	DESCRIBE TRAINING

**EDUCATIONAL BACKGROUND**

Type of School	Name and location of School	Degree Earned or Years completed	Field of Study (Major and Minor)
High School			
Colleges or Universities			
Technical Schools			

**PROFESSIONAL REFERENCES:** *(Please list up to six persons who are not related to you and are either current or previous supervisors or co-workers who can provide professional references.)*

Name	Address	Phone Number	Relationship/Occupation	Years Known

**EMPLOYMENT HISTORY**

*Please begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary. Explain any gaps in employment.*

Company Name and Company Address	<b>Employment Dates</b>	<b>Wage or Salary</b>	<b>Name and Title of Supervisor</b>
	From:	Starting Wage:	Name
May We Contact? ( ) Yes ( ) No	Date Ended:	Ending Wage	Title
	Phone Number:	Describe your duties:	
Position Held:			

**Reason for Leaving:**

Company Name and Company Address	<b>Employment Dates</b>	<b>Wage or Salary</b>	<b>Name and Title of Supervisor</b>
	From:	Starting Wage:	Name
May We Contact? ( ) Yes ( ) No	Date Ended:	Ending Wage	Title
	Phone Number:	Describe your duties:	
Position Held:			

**Reason for Leaving:**

<b>Company Name and Company Address</b>   <b>May We Contact? ( )</b> <b>Yes ( ) No</b>	<b>Employment Dates</b>	<b>Wage or Salary</b>	<b>Name and Title of Supervisor</b>
	<b>From:</b>	<b>Starting Wage:</b>	<b>Name</b>
	<b>Date Ended:</b>	<b>Ending Wage</b>	<b>Title</b>
<b>Phone Number:</b>	<b>Describe your duties:</b>		
<b>Position Held:</b>			

**Reason for Leaving:**

<b>Company Name and Company Address</b>   <b>May We Contact? ( )</b> <b>Yes ( ) No</b>	<b>Employment Dates</b>	<b>Wage or Salary</b>	<b>Name and Title of Supervisor</b>
	<b>From:</b>	<b>Starting Wage:</b>	<b>Name</b>
	<b>Date Ended:</b>	<b>Ending Wage</b>	<b>Title</b>
<b>Phone Number:</b>	<b>Describe your duties:</b>		
<b>Position Held:</b>			

**Reason for Leaving:**

***Please provide any other information that you feel will help us in considering your application for employment.***

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

**PLEASE READ CAREFULLY BEFORE SIGNING.**

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I hereby certify that all of the information provided by me in this application (and any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents or interview(s) may cause rejection of my application for employment or may cause immediate termination of employment regardless of the timing or circumstances at discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the District and if I become a non-union employee of the District, such employment with the District is employment at will for no specified duration and may be terminated by either the District or me at any time with or without cause, and with or without notice. I understand that none of the documents, policies, procedures, actions, or statements of the District or its representatives during the application process is deemed a contract of employment real or implied. I understand that no individual representative of the District has the authority to enter into any contract of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing approved by the District.

In consideration for employment with the District, if employed, I agree to conform to the rules, regulations, policies and procedures of the District at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the District I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand and agree that all information furnished in this application may be verified by the District or its authorized representatives. I waive any right I may have to be notified by any individuals and organizations name in this application prior to the release of any information to the District. I further authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the District and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all claims and damages that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application. I understand that certain information I provide to the District may be provided to the public as required by the Illinois Freedom of Information Act.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Provide name and phone number of person completing this form if other than applicant: \_\_\_\_\_