

WORK HISTORY

May we contact your present employer?

 Yes No

Most Recent Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

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APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all the information submitted by me on this application is true and complete, and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and hereby release and waive any claim against the Park District which may allegedly arise from such investigation. I further understand that if any false information, omissions, or misrepresentations are either contained in my application or given during any interview and are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the Park District's rules and regulations, and I agree that my employment is "At-Will" and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Park District's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the Park District.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant 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 understand that if I am hired I will be required to provide proof of identity and U. S. Citizenship or immigration status for compliance with the Immigration Reform and Control Act.

The Lockport Township Park District is a DRUG FREE workplace.

Notice to Applicants – Screening tests for illegal drug use may be required before hiring and during your employment.

Date _____

Applicant's Signature _____