

ATTENTION NEW 2009 SEASONAL EMPLOYEE

The following are instructions that will assist you in filling out the required seasonal paperwork in this packet.

ALL FORMS MUST BE FULLY COMPLETED.

- **CHICAGO PARK DISTRICT EMPLOYMENT APPLICATION**
Complete in full page all pages.
- **EMERGENCY NOTIFICATION AUTHORIZATION**
Complete in full, sign and date.
- **CONDITIONAL OFFER OF EMPLOYMENT**
Sign and date.
- **WORKPLACE VIOLENCE**
Complete and return only the Employee Acknowledgement page of the Sexual Harassment Policy.
- **SEXUAL HARASSMENT**
Complete and return only the Employee Acknowledgement page of the Workplace Violence Policy.
- **DUAL EMPLOYMENT**
Complete in full, sign and date.
- **PARENTAL CONSENT FORM**
Only applicants under 18 years of age must have parent or guardian complete to authorize a drug screen and fingerprints.
- **PERSONAL AFFIDAVIT**
Complete in full, sign and date.
- **ABUSED AND NEGLECTED CHILD REPORTING PROCEDURES**
Fill in name, job title, sign and date. Keep the policy page and only return the page you completed.
- **MOTOR VEHICLE OPERATION RULES**
Sign and date.
- **ELECTRONIC COMMUNICATION POLICY**
Initial bottom of each page, sign and date last page. Return all pages.
- **PAYROLL OPTIONS**
Return only the form of the option you are electing to enroll in to receive your pay.

Chose one of the following options:

□ **PAYROLL OPTIONS**

Return only the form of the option you are electing to enroll in to receive your pay.

Chose one of the following options:

➤ **PAYROLL DEBIT CARD ELECTION**

Option A

➤ **DIRECT DEPOSIT**

Option B

□ **I-9 (EMPLOYMENT ELIGIBILITY VERIFICATION)**

Complete Section 1 only. Please **include a clear photocopy of the documents** requested in Section 2 that you will use to complete this form. The following page will let you know what documents will be accepted. **Your packet will not be considered completed in full and WILL NOT BE CONSIDERED FOR EMPLOYMENT if you do not include the photocopy of the required documents.**

□ **EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (FEDERAL W-4)**

- Complete name, address, city, state, zip.
- Check your marital status in Section 3.
- Write in your total allowances you are claiming on line 5.
- Sign and date.

□ **ILLINOIS WITHHOLDING ALLOWANCE CERTIFICATE (W-4)**

- Complete name, address, city, state, zip.
- Write in your total allowances you are claiming on line 1.
- Sign and date.

chicago park district

Employment Application

DHR USE ONLY	
Qualified _____	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 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 _____
Have you ever been employed by the Chicago Park District? <input type="checkbox"/> Yes <input type="checkbox"/> No		Layoff from what title? _____
If yes, positions held _____		
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		Are you related to any employee at the Chicago Park District? <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>		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 \$
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