



Personal Information (All fields are required)

Name _____ Phone Number _____ Email Address _____
(we will use this for communication purposes)

Address _____ City _____ State _____ Zip _____

Job Interest

Please select the **top 3** positions and number the positions by preference. (1=first choice, 2=second choice, 3=third choice) *All positions are seasonal

- | | | |
|---|--|--|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Conservation Educator | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Assistant Zoo Keeper | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Carousel Operator | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Train Conductor |

Student Availability

Date you can begin work: _____
 How many hours per week would you like to work while in school? _____
 When is the last day of the school year? _____
 What is your anticipated last day of work for the summer? _____

Indicate below the days and times you are available to work while still attending school, days you are **unavailable strike out with an X**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Non-School Students or Summer break Availability

How many hours per week would you like to work? _____
 Indicate below the days and times you are available to work, days you are **unavailable strike out with an X**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Add any notes							

The following holidays and holiday weekends are mandatory for most positions. Are you available to work?

Memorial Day	July 4th	Labor Day	Boo at the Zoo(30/31)
Yes No	Yes No	Yes No	Yes No

Applicant Signature _____
 Date _____



ROCK ISLAND COUNTY FOREST PRESERVE DISTRICT EMPLOYMENT APPLICATION

ROCK ISLAND COUNTY FOREST PRESERVE DISTRICT
IS AN EQUAL OPPORTUNITY / REASONABLE ACCOMODATION EMPLOYER
Forest Preserve District Office, 19406 Loud Thunder Road, Illinois City, IL 61259
Office (309) 795-1040

INSTRUCTIONS: Answer all questions completely and honestly. Type or print all answers. Sign the application and any supplemental forms. An applicant will not be considered without a completed application. Resumes are accepted, but only in addition to the application. Any omission, mis-statement, or falsification may be cause for you to be removed from further consideration in the employment process or discharged from District service. Applications must be received by the posted deadline, whether submitted in person, by fax, or by e-mail. The Rock Island County Forest Preserve District is not responsible for applications that are not received by the posted deadline.

General Information		
Position Applying For:	Date Available:	
Name: <div style="display: flex; justify-content: space-between; width: 100%;"> (First) (Middle Initial) (Last) </div>		
Address:		
City:	State:	Zip Code:
Telephone:		Other Phone:
E-Mail Address:		
Have you ever used or been known by any other names? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Names:		
How were you referred to this position?		
Desired Salary:	Minimum Salary Acceptable (Optional):	

Have ever been employed by Rock Island County Forest Preserve District? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes: Position:	Date(s):
Have you ever been terminated, discharged, or asked to resign from any employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please briefly explain:	

In the last seven years have you ever been convicted of a violation of law other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain <small>(Applicant not obligated to disclose expunged juvenile records of adjudication or arrest.) (The term "convicted" includes any conviction, a guilty plea, a no contest plea, a suspended sentence, or a deferred judgment. Conviction of a crime does not necessarily constitute automatic bar from employment.)</small>

<p style="text-align: center;">I will accept (check all that apply):</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Regular</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</td> <td style="width: 50%; vertical-align: top;"> <p>Temporary</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal</td> </tr> </table> <p>Shift: Days <input type="checkbox"/> Evenings <input type="checkbox"/> On Call <input type="checkbox"/></p> <p>Date available to start work:</p>	<p>Regular</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<p>Temporary</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	<p style="text-align: center;">Do you have a legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="font-size: small;">All new hires will be required to submit verification of the legal right to work in the United States within (3) business days of employment. In accordance with the Immigration Reform and Control Act of 1986 we are legally prohibited from employing anyone who cannot provide such verification.</p> <p style="text-align: center;">Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Regular</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<p>Temporary</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		

EDUCATION, TRAINING, AND SKILLS

Proof of education and/or professional certifications may be required prior to hire.

Driver's License Information:

Do you have a valid driver's license?	State:	CDL?
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
List any CDL endorsements:		

Do you have a high school diploma or G.E.D.? Yes No

If no, please indicate the highest grade completed:

Education Information:

Name of High School / College / University:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Professional Registrations, Licenses, and/or Certifications that relate to this position:

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

List any specialized training you have received that relates to this position:
List equipment and/or computer software applications you are proficient in operating that relate to this position:

EMPLOYMENT HISTORY

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last ten years. Include experience prior to ten years ago if it relates to the position to which you are applying. Your qualifications will be evaluated based in part on the information you provide on this application form.

Employer:	Phone #
Position Title:	Employment Dates (mo/yr) From: To:
Address:	City: State: Zip:
Direct Supervisor:	Phone #
Annual Salary (optional):	Hours per week:
Job Duties:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving or wanting to leave?	

Employer:	Phone #
Position Title:	Employment Dates (mo/yr) From: To:
Address:	City: State: Zip:
Direct Supervisor:	Phone #
Annual Salary (optional):	Hours per week:
Job Duties:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Annual Salary (optional):	Hours per week:
Job Duties:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving or wanting to leave?	

PROFESSIONAL REFERENCES – PROVIDE AT LEAST THREE

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

I hereby certify that the statements made on this employment application are accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, incomplete, or misleading information I may not be eligible for employment and if hired I will be subject to termination.

Signature

Date

If completed electronically: By checking the signature box and typing my name, I electronically affix my signature to this employment application:

Signature: Name:

Date: