



349 W. Birchwood  
Morton, IL 61550  
Phone: (309)263-7429

Email: [info@mortonparkdistrict.com](mailto:info@mortonparkdistrict.com)  
Web: [www.mortonparkdistrict.com](http://www.mortonparkdistrict.com)

**COMMISSIONERS:**

Bob Dittmer  
Mike Getz  
Kris Goergen  
Tate Kaiser  
Kip Taufer

## Morton Park District Application for Employment

Applying for (circle): Full-Time      Seasonal/Part-Time      Date: \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_

Available Start Date: \_\_\_\_\_      Last Available Date: \_\_\_\_\_  
(if seasonal/part-time)

### **Personal**

Name: \_\_\_\_\_      Email: \_\_\_\_\_  
Last,      First,      M.I.

Cell Phone #: \_\_\_\_\_      Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
No.      Street      City,      State,      Zip Code

Your Age Group (circle):      14-15      16-17      18-20      21 & up

### **Education**

Resume Attached: \_\_\_\_ Yes      \_\_\_\_ No

Circle Highest Grade Completed:      High School 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>      College 1 2 3 4 5 6+

Name and City of Last School Attended: \_\_\_\_\_

Dates Attended: Start \_\_\_\_\_ End \_\_\_\_\_      Graduated: \_\_\_\_ Yes      \_\_\_\_ No

Degree: \_\_\_\_\_      Major: \_\_\_\_\_

Indicate Special Honors, Achievements, Activities, Athletics, Organizations: \_\_\_\_\_

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**Employment History**

Provide a complete account of previous employment. List your most recent employment first.  
Use additional pages or attach resume if needed.

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
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**References**

Provide 3 references not including relatives.

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Health**

Can you perform the essential functions of the job without an accommodation? YES NO

If no, what accommodations are needed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Equal Employment Opportunity Policy**

The Morton Park District is committed to providing a non-discriminatory employment environment for its employees. The policy of the Morton Park District is to fully comply with applicable federal, state and local laws, rules and regulations in the area of non-discrimination in employment. Discrimination against employees and applicants due to race, color, religion, sex (including sexual harassment), gender identity, national origin, disability, age (40 years or older), military and veteran status is prohibited. Violations of this policy will be subject to discipline, up to and including termination. Equal employment opportunity and non-discriminatory commitments include, but are not limited to, the areas of hiring, promotion, demotion or transfer, recruitment, discipline, layoff or termination, rate of compensation and company-sponsored training. All employees are expected to comply with this Equal Employment Opportunity Policy. Managers and supervisors who are responsible for meeting business objectives are expected to cooperate fully in meeting the Morton Park District's equal employment opportunity objectives. Any employee who believes he or she has been discriminated against must immediately report any incident to the Executive Director. The organization will not tolerate retaliation against any employee who reports acts of discrimination or provides information in connection with any such complaint. If you have any questions regarding this policy, please contact Joel Dickerson, Executive Director at (309)263-7429.



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I authorize the Morton Park District to perform all required background investigations necessary for my employment. I agree to take a pre-placement physical and/or any tests or evaluations required for employment.

I authorize my former employers and listed references to give information concerning me, whether or not it is in their records, and them and their companies from any liability whatsoever. I certify all my statements given on this application and/or on my resume are correct, and realize that falsification or misrepresentation of this or any other personnel record may prevent employment or result in termination/discharge. In the event of my employment, I agree to abide by all present and subsequently issued rules/policies of the Morton Park District.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the employer has the authority to make any assurance to the contrary.

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Signature

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Date

**AUTHORIZATION TO THE MORTON PARK DISTRICT**  
**TO CONDUCT CRIMINAL BACKGROUND INVESTIGATION**

The Illinois Park District Code requires that the Morton Park District conduct a criminal background investigation for each application for employment within the Park District. Concurrently with the submission of this application for employment, the applicant agrees to execute the following Criminal Background Investigation Authorization form as a requirement for employment with the Morton Park District.

As an applicant for the employment with the Morton Park District (the "District"), the Applicant hereby authorizes the District to determine if the Applicant has been convicted of any of the criminal or drug offenses enumerated in Section 8-23 (c) of the Park District Code of Illinois (70 ILCS 1205/8-23 (c)) within seven years of \_\_\_\_\_ (the date the Applicant applied for employment with the District), of any other felony under the laws of the State of Illinois or of any offense committed or attempted in this State, would have been punishable as a felony under the laws of this State.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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(Signature)

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(Printed Name)