

Phone

KENDALL COUNTY FOREST PRESERVE DISTRICT APPLICATION FOR EMPLOYMENT

Kendall County Forest Preserve District is committed to complying with the Americans with Disabilities Act. If an applicant requires a reasonable accommodation for purposes of completing the job application process, please contact the Executive Director David Guritz at 630-553-4131 or dguritz@kendallcountyil.gov. A resume and cover letter may be attached to the completed employment application.

attached to the completed employm	ent application.		Date Comple	eted:
Department/Elected Office:				
Position Desired:				
Applicant's Name:				
(Print) Last	Fir	st	M	liddle
Present Mailing Address:		City	State	Zip Code
		v		_
Phone: ()	Email Address	s (optional):		
How did you hear about this empl	ovment opportunity? _			
_				
Have you ever worked for Kendal	l County Forest Preserv	e District before?	☐ Yes ☐ N	o
If yes, please give dates and positi	on:			
RECORD OF PREVIOUS EM	IPLOYMENT			
Please list the names of your presen	at and previous employers	in chronological ord	ler with present or	most recent employ
listed first. Be sure to account for all	ll periods of time includin	g military services a	nd any period of u	nemployment. If se
employed, give business name and	supply business reference	s. (Add additional pa	ages if necessary.)	
Present or Last Employer	Employed From mo/yr	Your Title or Posit	ion Reason f	for Leaving
Name of Employer	_			
	TO.	Name & Title of Supervisor	<u>f</u>	
Address	To mo/yr	Supervisor		
Address	1110/ 51			
	_			

Last Employer	Employed From mo/yr	Your Title or Position	Reason for Leaving
Name of Employer	То	Name & Title of Supervisor	
Address	mo/yr		
Phone			
Last Employer	Employed From mo/yr	Your Title or Position	Reason for Leaving
Name of Employer	То	Name & Title of Supervisor	
Address	mo/yr		
Phone	-	-	
Last Employer	Employed From mo/yr	Your Title or Position	Reason for Leaving
Name of Employer	То	Name & Title of Supervisor	
Address	mo/yr		
Phone	-		
May we contact your current and prev If no, please explain: Please indicate any actual experience, to the position for which you are appl	special training, and/o	Yes No	ve which you feel are relevant
If hired, can you furnish proof that yo	u are over 18 years of	age? Yes [No
Are you able to perform the essential Yes No	functions of this job w	vith or without reasonable ac	ecommodation?
Will you be able to work the position	's required work hours	s? Yes No	

Will you be able to work on-site?	Yes	□No	
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EDUCATIONAL BACKGROUND

School Name	Years Completed	Diploma/Degree	School Name
High School:			
College/University:			
Graduate/Professional:			
Trade or Correspondence:			
Other:			

PROFESSIONAL REFERENCES

Please list three professional references who are **not your** previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

ACKNOWLEDGMENTS AND DISCLAIMER

By signing my name below, I certify that all information provided in this application, my resume, other employment application documents, and interview are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions in my application, resume, other employment documents, or interviews(s) may be cause for rejection of my application, or may be cause for subsequent dismissal at any time if hired by Kendall County Forest Preserve District (hereinafter collectively referred to as the "District")

I understand that the District is not obligated to provide employment and that I am not obligated to accept employment should an offer of employment be made to me. NOTHING IN THIS APPLICATION, OR IN ANY PRIOR OR SUBSEQUENT ORAL OR WRITTEN STATEMENT, IS INTENDED TO OR DOES CREATE ANY CONTRACT OF EMPLOYMENT. SHOULD THIS APPLICATION AND THE PROCESS SURROUNDING THIS APPLICATION RESULT IN MY EMPLOYMENT WITH THE DISTRICT, I UNDERSTAND THAT I WOULD BE HIRED AS AN EMPLOYEE AT WILL (SUBJECT TO THE TERMS OF AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT, IF ANY) AND NOTHING IN THIS APPLICATION WOULD RESTRICT MY RIGHT AS AN EMPLOYEE OR THE DISTRICT'S RIGHT AS AN EMPLOYER TO TERMINATE MY EMPLOYMENT AT ANY TIME.

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, sex, pregnancy, sexual orientation, national origin, marital status, age, ancestry, military status, veteran status, disability, genetic information, pregnancy and/or any other basis prohibited by state, federal and/or local laws, regulations and ordinances.

If selected for the position and upon commencement of employment, I understand that I will be required to submit verification that I am legally authorized to work in the United States as required by federal law.

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 named in this application prior to the release of any information to Kendall County Forest Preserve District. I further authorize all individuals and organizations named in this application to give Kendall County Forest Preserve District and its authorized agents all information relative to such verification. I hereby release such individuals and organizations and Kendall County Forest Preserve District from any and all liability for any claim or damage resulting therefrom. If the District determines that I am qualified for the position, and I have been notified that I have been selected for an interview or, if there is no interview, I have been made a conditional offer of employment with the District, I may be required to submit to a criminal history background check, employment verification, and/or reference check. By signing my name below, I affirm my understanding that certain offenses may disqualify me from employment in a particular position with Kendall County Forest Preserve District to the extent permitted by applicable law.

SIGNING MY NAME BELOW, I ALSO	HEREBY AFFIRM THAT A	D AND AGREE TO ALL OF THE ABOVE. BY ALL OF THE INFORMATION PROVIDED ON
THIS APPLICATION IS TRUE AND C	OMPLETE TO THE BEST (OF MY KNOWLEDGE.
Gt		
Signature of Applicant	Date	