

FOREST PRESERVES OF WINNEBAGO COUNTY

5500 Northrock Drive
 Rockford, IL 61103
 815/877-6100
 Fax: 815/877-6124
 FPWC@Winnebagoforest.org
 www.winnebagoforest.org



Employment Application

APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address					Apartment/Unit #					
City				State		ZIP				
Phone			E-mail Address							
Date Available			Salary Expectation			Referred by				
Position Applied for										
Type of work sought?			Full Time <input type="checkbox"/>			Part Time <input type="checkbox"/>		Seasonal <input type="checkbox"/>		
If part time or seasonal, specify days and hours available										
Are you over age 18?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, state your age						
Do you have a valid driver's license? (May be a job requirement)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driver's License Number			State			
Have you ever worked for this agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and what location?						
Are you willing to work overtime if necessary?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to work weekends?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If yes, please explain										
State name of any relative in our employ										
Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, FPWC will verify the status of every individual offered employment with our organization. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.										
Are you currently authorized to work for all employers in the United States on a full-time basis, or only for your current employer?					All employers <input type="checkbox"/>			Current employer only <input type="checkbox"/>		
EDUCATION										
High School/GED			City/State							
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			City/State							
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Current certification or license that would benefit this position										

Equal Opportunity Employer

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			

Was this position full time, part time, or seasonal? Full Time Part Time Seasonal

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			

Was this position full time, part time, or seasonal? Full Time Part Time Seasonal

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			

Was this position full time, part time, or seasonal? Full Time Part Time Seasonal

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			

MILITARY SERVICE

Have you ever served in the U.S. Armed Forces? YES NO

List duties in the Service, including special training that is relevant to the position for which you have applied.

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Title	
Phone		Email	
Address			
Full Name		Relationship	
Company		Title	
Phone		Email	
Address			
Full Name		Relationship	
Company		Title	
Phone		Email	
Address			

(See next page)

DISCLAIMER AND SIGNATURE

PRE-EMPLOYMENT STATEMENT (PLEASE READ VERY CAREFULLY BEFORE SIGNING BELOW)

I understand and voluntarily agree that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from FPWC's employ.

Any offer of employment I may receive from FPWC is contingent upon my successful completion of the total pre-employment screening process, including FPWC receiving references that it considers satisfactory, and my satisfactory completion of any post offer medical examination that the company may require.

I understand that as a condition of employment, I will be required to undergo and successfully pass a screening for alcohol/drugs. I also understand and agree that, if employed, I will be required to submit to an alcohol/drug screening at any time at the discretion of FPWC.

In processing my application for employment, FPWC may verify all the information provided by me, including my prior employment, military record, education, criminal and driving record.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of FPWC and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself.

Signature

Date