



**APPLICATION FOR EMPLOYMENT
PARK LAWN
10833 S. LaPorte Ave, Oak Lawn IL 60453**

EQUAL OPPORTUNITY EMPLOYER

Park Lawn considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: _____ Date of Application: _____

Are you interested in? Full time _____ Part time _____ Temporary _____

Are you able and willing to work: Weekends _____ Night shift _____ Evening Shift: _____

How did you learn of Park Lawn? _____ Referred by current employee? _____
Name



NAME: _____ HOME PHONE: _____
LAST FIRST MIDDLE MOBILE PHONE: _____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

Have you filed an application with Park Lawn before? _____ If yes give dates: _____

Have you ever been employed by Park Lawn? _____ If yes give dates: _____

Are any members of your immediate family currently employed with Park Lawn? _____
If yes, please provide name and department. _____

If currently employed may we contact your employer? _____ When are you available to begin work? _____

Are you legally permitted to be employed in the United States? _____
(Proof of citizenship or immigration status will be required upon offer of employment)

Have you ever been CONVICTED of a felony? _____ If yes. Please give dates and details: _____

(A conviction will not necessarily disqualify an applicant from employment. The applicant is not obligated to disclose sealed or expunged records of convictions or arrests, however a criminal background check will be conducted)

NOTICE TO APPLICANTS
PARK LAWN MAINTAINS A DRUG FREE WORK ENVIRONMENT
Screening tests for alcohol and illegal drug use may be required as a condition of employment and throughout your employment with PARK LAWN



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EDUCATIONAL BACKGROUND:

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? _____

HIGH SCHOOL ATTENDED OR GRADUATED FROM _____
Name City State

VOCATIONAL SCHOOL: _____ Graduated: _____
Name City State Yes/No

Course of Study: _____

UNDERGRADUATE COLLEGE/UNIVERSITY: _____
Name City State

Major: _____ Minor: _____ Degree: _____

GRADUATE COLLEGE/UNIVERSITY: _____
Name City State

Major: _____ Minor: _____ Degree: _____

OTHER EDUCATIONAL EXPERIENCE: _____

LIST CERTIFICATIONS OR PROFESSIONAL LICENSES: _____

LIST ANY COURSES OR SPECIAL TRAINING RELEVANT TO THE POSITION YOU APPLIED FOR:

LIST ANY SPECIAL SKILLS RELEVANT TO THE POSITION YOU APPLIED FOR:

LIST ANY PROFESSIONAL, TRADE, BUSINESS, OR COMMUNITY ORGANIZATIONS YOU ARE INVOLVED WITH WHICH MAY BE RELEVANT TO THE POSITION YOU APPLIED FOR: (You may exclude organization names that would reveal gender, religion, national origin, age, disability, ancestry, sexual orientation or other protected status).

HIGH SCHOOL DIPLOMA OR GED ATTACHED? YES _____ NO _____

COLLEGE OR UNIVERSITY DIPLOMA ATTACHED? YES _____ NO _____

RESUME ATTACHED? YES _____ NO _____



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EMPLOYMENT HISTORY:

Start with your current or most recent job. Include military service and volunteer activities. (You may exclude organization names that would reveal gender, religion, national origin, age, disability, ancestry, sexual orientation or other protected status).

1.	Employer:	Dates Employed	
		From:	To:
	Address:	Hourly Rate/Salary	
	Phone Number:	Starting:	Final:
	Job Title:	Supervisor:	
	Work Responsibilities:		
	Reason for Leaving:		

2.	Employer:	Dates Employed	
		From:	To:
	Address:	Hourly Rate/Salary	
	Phone Number:	Starting:	Final:
	Job Title:	Supervisor:	
	Work Responsibilities:		
	Reason for Leaving:		

3.	Employer:	Dates Employed	
		From:	To:
	Address:	Hourly Rate/Salary	
	Phone Number:	Starting:	Final:
	Job Title:	Supervisor:	
	Work Responsibilities:		
	Reason for Leaving:		



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ADDITIONAL INFORMATION:

IF ADDITIONAL **WORK OR EDUCATIONAL** EXPERIENCE IS NOT PREVIOUSLY LISTED, PLEASE CONTINUE IN THE SAME FORMAT AS PREVIOUSLY ENTERED (If additional space is needed use a separate sheet of paper):

SPECIAL SKILLS, QUALIFICATIONS, OR RELEVANT INFORMATION NOT PREVIOUSLY LISTED:

LIST THREE REFERENCES WE MAY CONTACT:

1. NAME: _____ CIRCLE ONE: PERSONAL WORK
ADDRESS: _____ PHONE: _____
2. NAME: _____ CIRCLE ONE: PERSONAL WORK
ADDRESS: _____ PHONE: _____
3. NAME: _____ CIRCLE ONE: PERSONAL WORK
ADDRESS: _____ PHONE: _____

I certify that the information provided on this application is true and complete to the best of my knowledge. I authorize Park Lawn to investigate any and all statements made in this application as may be necessary to make an employment decision. This application for employment shall be considered active for a period of six months. If I wish to be considered for employment beyond this time period I will submit a new application. I understand that this document is not a contract of employment.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Park Lawn is of an "at will" nature. "At Will" means that you may resign at any time and Park Lawn may terminate your employment at any time with or without cause.

If I am employed by Park Lawn, I understand that any false or misleading information provided in this application or subsequent interview(s) may result in termination of employment. Any offer of employment at Park Lawn is conditional upon successful completion of a criminal background check, drug screen, and physical examination. I understand that if hired I am required to follow all Park Lawn rules and regulations.

Signature of Applicant

Date



ADDENDUM TO EMPLOYMENT APPLICATION
PARK LAWN

EEO QUESTIONNAIRE

PROVIDING THIS INFORMATION IS STRICTLY VOLUNTARY ON YOUR PART AND IS NOT REQUIRED TO COMPLETE YOUR APPLICATION FOR EMPLOYMENT, NOR WILL PROVIDING THE INFORMATION OR NOT PROVIDING THE INFORMATION AFFECT YOUR APPLICATION OR OPPORTUNITY FOR EMPLOYMENT.

FEDERAL REGULATIONS REQUIRE PARK LAWN TO MAINTAIN RECORDS OF JOB APPLICANTS BY GENDER AND RACE. ADDITIONALLY, WE COLLECT THIS INFORMATION TO ENSURE THAT WE ARE MONITORING OUR OWN SUCCESS IN ENCOURAGING DIVERSE BACKGROUND OF OUR APPLICANTS.

DATE APPLIED FOR POSITION: _____

POSITION APPLIED FOR: _____

FEMALE: _____

MALE: _____

- 1. _____ AFRICAN-AMERICAN/BLACK (NOT OF HISPANIC ORIGIN)
- 2. _____ ASIAN OR PACIFIC ISLANDER (INCLUDES INDIAN SUBCONTINENT)
- 3. _____ NATIVE AMERICAN OR ALASKAN NATIVE
- 4. _____ HISPANIC/LATINO (SPANISH CULTURE OR ORIGIN REGARDLESS OF RACE)
- 5. _____ WHITE (PERSONS NOT OF HISPANIC ORIGIN, HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST)
- 6. _____ RACE NOT INCLUDED ABOVE PLEASE SPECIFY _____

ARE YOU MULTI RACIAL OR MULTI ETHNIC (PARENTS FROM TWO OR MORE OF THE ABOVE LISTED GROUPS)?

YES: _____ NO: _____

IF YES PLEASE SPECIFY: _____

THANK YOU

This form will be sent to the Human Resources Office with the application. The form will be detached from the application and used for statistical purposes only. No personal identifying information is indicated on this form.