Flagg-Rochelle Community Park District



Sport Official Application

	<u> </u>	7.PP				
Programs, services, and employment are equally available to everyone. Please					Date of Review:	
inform the Park District Office if you require reasonable accommodation for the application or interview.					//	-
äμμπεάτιση στο 'Ππετνίεω'. All potential employees are evaluated without regard to race, color, religion, gender, nationality, age, marital or veteran status, the presence of a non- job related handicap or any other legally protected status.				e of a non-	Position Applied for:	
How were you referred to us?				т оотпол түртөө тогт		
	Applica	ant Inforr	nation			
Full Name:						
(Last)		(First)			(Middle)	
Address:						
(City)			(St	ate)	(Zip)	
Phone:		Email:				
Date Available to Start:	Social S	Security #:		Salar	/ Requirement:	
If you are under 18, can you furnish a wo If no, please explain:	ırk permit?	□Yes	□No			
Have you ever worked for this company'	?	□Yes	□No			
Are you a citizen of the United States? If no, are you legally allowed to work i	n the U.S.?	□ Yes □ Yes	□ No			
Type of Employment Desired:	□ Full-Ti	ime 🗆 Pa	art-Time [\supset Temporary	□ Seasonal	
		Sports:				
Sport(s) you are interested in officiating:						
Basketball	Flag-Football		Volleyball		Softball	

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	Speci	al Skills:	
Summarize your specia	ll skills, experience officiating/play	ng sports, and other qualificat	ions:
Special training/certifi	cations, skills, etc.:		
	Refe	rences	
List two personal references who a			
(Name)	(Address)	(Telephone)	(Relationship)
(Name)	(Address)	(Telephone)	(Relationship)
(manne)	(Madi baa)	(Totophono)	(manadanamp)

Flagg-Rochelle Community Park District



Applicant Waiver

All job applicants must sign and submit with application form

I hereby certify that the information herunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize the Flagg-Rochelle Community Park District to request and receive such information.

In consideration for my employment and my being considered for employment by the Flagg-Rochelle Community Park District, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by the Flagg-Rochelle Community Park District at any time, at the company's sole option and without any prior notice. In addition, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or myself.

The official assumes full responsibility for the payment of all assessments, payroll taxes, or contributions, whether state or federal, which may be due as a result of official's work as an official. In addition, official agrees to pay any and all gross receipts, business and occupation, compensating, transaction, sales, use, income, or other taxes or assessments of whatever nature or kind levied or assessed as a consequence of the work performed. The official is solely responsible for registering with the IRS if the official desires to have the benefits provided thereby.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

Applicant:	Date:
Company	
Representative:	Date: