

EMPLOYMENT APPLICATION FORM

SOUTH WEST SPECIAL RECREATION ASSOCIATION IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with SWSRA is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, sex, religion, sexual orientation, veteran status, national origin, marital status, mental or physical disability or any other legally protected status. THOSE APPLICANTS REQUIRING REASONABLE ACCOMODATION TO THE APPLICATION/INTERVIEW PROCESS SHOULD NOTIFY THE HUMAN RESOURCE MANAGER.

Date of Application: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Driver's License # _____ Social Security #: XXX-XX- _____

Have you submitted an application here before? Yes No

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible for employment in this country? Yes No

Application for (check applicable):

Office **Recreation Department (check any applicable below):**

PR/Marketing **Day Camp** **Weekly Programs** **Weekly Events**

Available for: Part Time Employment Full Time Employment Seasonal

Will you be able to meet the attendance requirements of the position? Yes No

Are you willing to work overtime as required? Yes No

Position applied for: _____

Desired salary/wage? _____ Date available to begin work: _____

Are you currently on "lay-off" status and subject to recall? Yes No

EDUCATIONAL BACKGROUND (fill in below):

EDUCATION	SCHOOL Name/ Location	Number of Years Completed	MAJOR	YES/NO Degree/ Diploma
High School				
College/ University				
Other Training, Education				

Have you served in the U. S. Armed Forces (include National Guard or Reserves) _____? Date of duty:_____

Do you have experience driving an oversized vehicle, such as a 15 passenger van? Yes__No__

List experiences working with individuals who have special needs:_____

Please list skills, training, current licenses or certifications, etc. applicable to the position for which you are applying:

Have you ever been convicted of any felony? _____ YES _____ NO.

Have you ever been convicted of a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery, or any criminal drug statute? _____ YES _____ NO.

The district is required by state statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning applicants offered employment, and shall perform a criminal background check for applicants for all positions, including the position for which you have applied. Applicants are not obligated to disclose sealed or expunged records of convictions. Conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for the district. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific job.

If yes, describe:_____

WORK HISTORY (fill in below, beginning with most current employment).

Most recent employer	Address	Phone
Date started	Starting Salary	Starting Position
Date left	Salary on leaving	Position on leaving
Name and title of supervisor		
Description of duties		Reason for leaving

Employer	Address	Phone
Date started	Starting Salary	Starting Position
Date left	Salary on leaving	Position on leaving
Name and title of supervisor		
Description of duties		Reason for leaving
Employer	Address	Phone
Date started	Starting Salary	Starting Position
Date left	Salary on leaving	Position on leaving
Name and title of supervisor		
Description of duties		Reason for leaving

NOTE: Please explain any gaps in employment.

MARK YOUR DEGREE OF EXPERIENCE (ON A SCALE OF 1 TO 5) IN ANY OF THE FOLLOWING AREAS THAT APPLY

OFFICE:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Payroll | <input type="checkbox"/> Computer programs-name below |
| <input type="checkbox"/> Shorthand | <input type="checkbox"/> Filing | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Program Registration | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Other | | <input type="checkbox"/> _____ |

RECREATION

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Day Camp | <input type="checkbox"/> Officiating |
| <input type="checkbox"/> Athletic Leagues | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Pre-school |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Drawing | <input type="checkbox"/> Puppetry |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> First Aid | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Bocce Ball | <input type="checkbox"/> Football | <input type="checkbox"/> Sr. Citizens |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Children's Games | <input type="checkbox"/> Music | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Nature Activities | |

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE ESSENTIAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. YOU MAY OBTAIN A COPY OF THE JOB DESCRIPTION AT THE BUSINESS OFFICE.**

Are you capable of performing in a reasonable and safe manner, with or without reasonable accommodation, the essential job duties for the job or position for which you have applied?
Yes ___ No ___

APPLICANT'S CERTIFICATION AND AGREEMENT

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION AND HEREBY RELEASE AND WAIVE ANY CLAIM AGAINST SOUTH WEST SPECIAL RECREATION ASSOCIATION WHICH MAY ALLEGEDLY ARISE FROM SUCH INVESTIGATION. I FURTHER UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE EITHER CONTAINED IN MY APPLICATION OR GIVEN DURING ANY INTERVIEW AND ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO SWSRA'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT IS "AT-WILL" AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME, AT EITHER MY OR SWSRA'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY SOUTH WEST SPECIAL RECREATION ASSOCIATION.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that if I am hired, I will be required to provide proof of identity and information for compliance with the Immigration Reform and Control Act.

Applicant's Signature _____ Date _____

EMPLOYMENT REFERENCES

PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES, NOT RELATED TO YOU, THAT WE MAY CONTACT.

1. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____

2. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____

3. COMPANY _____
(Check One) _____ Past Employer _____ Other
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

(For Office Use Only) _____