# Northern Will County Special Recreation Association APPLICATION FOR EMPLOYMENT

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of anon-job related medical condition or disability, or any other legally protected status.

Position(s) Applying F	or:		_ Date:	
Part-Time:	Internship:		Seasonal:	
Date Available for Wor	rk:			
Name:				
Last	Fir	est	Middle	
Address:Number	Street	City	State	Zip
Telephone:	Email Ac	ldress:		
Have you ever been em	nployed here before? Ye	s	. No	
·	nployed here before? Ye			
If yes, when				

## AN EQUAL OPPORTUNITY EMPLOYER

#### **EDUCATION**

Name, City, State	Course of Study	No. of Years	Graduate?

## EMPLOYMENT EXPERIENCE (LIST MOST RECENT FIRST)

Job Title	Date Employed From To	
City, State, ZIP	Telephone Number	
Beginning Salary	Ending Salary	
Job Title	Date Employed From To	
City, State, ZIP	Telephone Number	
Beginning Salary	Ending Salary	
	City, State, ZIP  Beginning Salary  Job Title  City, State, ZIP	

## PERSONAL REFERENCES

Name	Address	Years Known	Telephone #

Please list any special classes, special qualifications, (WSI, Sign Language) or experience	e
working with individuals with disabilities:	_
	_

### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may be grounds for discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date	
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#### **Please Return to:**

Northern Will County Special Recreation Association 10 Montrose Drive Romeoville, IL 60446 Attention: Kailee Kordas

11/10/17

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