

EMPLOYMENT EXPERIENCE (LIST MOST RECENT FIRST)

Name of Company	Job Title	Date Employed From To
Address	City, State, ZIP	Telephone Number
Supervisor's Name	Beginning Salary	Ending Salary
Duties		
Reason for Leaving		
Name of Company	Job Title	Date Employed From To
Address	City, State, ZIP	Telephone Number
Supervisor's Name	Beginning Salary	Ending Salary
Duties		
Reason for Leaving		

PERSONAL REFERENCES

Name	Address	Years Known	Telephone #

Please list any special classes, special qualifications, (WSI, Sign Language) or experience 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 _____

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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