

EMPLOYMENT EXPERIENCE (LIST MOST RECENT FIRST)

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

PERSONAL REFERENCES

Name	Address	Years Known	Telephone #

Please list any special classes, qualifications, 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 volunteer employment as may be necessary in arriving at a decision of volunteer placement.

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 volunteer placement, 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:

**NWCSRA
10 Montrose Drive
Romeoville, IL 60446
Attention: Ashlee O'Hern**