

**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 For: _____ Date: _____

Part-Time: _____ Internship: _____ Seasonal: _____

Date Available for Work: _____

Name: _____

Last
First
Middle

Address: _____

Number
Street
City
State
Zip

Telephone: _____ Email Address: _____

Have you ever been employed here before? Yes _____ No _____

If yes, when _____

Are you 21 years of age or older? Yes _____ No _____

Are you authorized to work in the United States? Yes _____ No _____

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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

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			

PROFESSIONAL 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 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:

**NWCSRA
10 Montrose Drive
Romeoville, IL 60446
Attention: Gina Petkus**