Northern Will County Special Recreation Association APPLICATION FOR EMPLOYMENT

	ider all applicants igin, age, marital o condition or dis	1	the presence o	f anon-job relat	
Position(s) A	Applying For:			_ Date:	
Part-Time: _	Internship:		Seasonal:		
Date Availal	ole for Work:				
Name:					
	Last	Fir	st	Middle	
Address:	Number	Street	City	State	Zip
Telephone: _		Email Ac	ldress:		
Have you ev	er been employed	here before? Ye	S	No	
If yes, when					
Are you 21 y	years of age or old	er? 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	Telephone Number	
Supervisor's Name	Beginning Salary	ginning 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
Signature of ripplicant	

Please Return to:

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

11/10/17

P:\Forms and Documents\Part Time Staff Info and Forms\part-time staff application.doc