

SPECIAL RECREATION ASSOCIATION OF CENTRAL LAKE COUNTY
290 Oakwood Road, Vernon Hills, IL 60061 (847) 816-4866 (Voice/TDD)

APPLICATION FOR EMPLOYMENT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a representative of SRACLC.

PLEASE PRINT IN INK

Position Applying For: _____ Date of Application: _____

Referral Source: _____ Advertisement _____ Relative _____ Other _____
_____ Employee _____ Friend _____ Name of Source: _____

Name: Mr/Ms
First Middle Last

Address: _____
Street City State Zip

Telephone: (____) _____ Social Security: _____

Best time to call you at home: _____ E-mail _____

Person to contact in emergency: _____ (____)
Name Relationship Phone

If college student, please complete.

School Address: _____
Street City State Zip

School Phone: (____) _____ Best Time To Call _____

Date You Will Return Home: _____

Occupation _____ May we contact you at work? ___ Yes ___ No

If yes, work number and best time to call _____ Ext. _____

If under 16, date of birth ____ / ____ / ____ If 16 or under, can you furnish a work permit? ___ Yes ___ No

Have you filed an application here before? ___ Yes ___ No If yes, give month and year _____

Have you ever been employed here before? ___ Yes ___ No If yes, give dates: From _____ To _____

Are you legally eligible for employment in this country? ___ Yes ___ No (Proof of U.S. Citizenship or immigration status will be required upon employment.)

Have you been convicted of a felony ? ___ Yes ___ No (Such conviction may be relevant if job related, but does not necessarily bar you from employment.)

If yes, please explain. _____

Type of employment desired: ___ Full-Time ___ Part-Time ___ Day Camp

Dates available: _____

Skills and Qualifications

Have you previously worked with individuals with disabilities? Yes No

If yes, indicate nature of work and dates.

What personal skills and qualifications can you offer to SRACLC participants?

Based on the description of the position for which you are applying, are there any aspects you either cannot or will not complete?

Yes No If yes, please specify.

Educational Background

List last three (3) schools attended, starting with most recent.

School	Years Completed	Degree Diploma	Major	Minor

Circle highest grade completed to date: 8 9 10 11 12 13 14 15 16 16+

Indicate participation in scholastic, inter-scholastic or extra curricular activities (ie. Clubs, sports, councils, etc.)

Please check any certificates or skills that you currently possess.

CPR Type _____ Expiration _____

First Aid Type _____ Expiration _____

Life guarding Expiration _____

Water Safety Instruction Expiration _____

Nursing Assistant

Other. Please describe _____

Sign Language: Level - Beginner Intermediate Advanced

T-Shirt Size (Adult) - Small Medium Large X-Large XX-Large

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience or internship. Explain any gaps in employment in comments section below.

Employer	Telephone	Dates From	To	Summarize the work performed and job responsibilities:
Address				
Job Title		Starting \$	Pay Per	
Immediate Supervisor				
Reason for Leaving		Final \$	Pay Per	
May we contact for reference? ___ Yes ___ No ___After Interview				

Employer	Telephone	Dates From	To	Summarize the work performed and job responsibilities:
Address				
Job Title		Starting \$	Pay Per	
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Reason for Leaving		Final \$	Pay Per	
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Job Title		Starting \$	Pay Per	
Immediate Supervisor				
Reason for Leaving		Final \$	Pay Per	
May we contact for reference? ___ Yes ___ No ___After Interview				

Comments (including explanation of any gaps in employment)

References

List name and telephone number of three references who are *not* related to you.
Include at least one who is a business or work reference.

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

List any additional information you would like us to consider. _____

If the position you are seeking is not available, would you accept another? ___ Yes ___ No

Please read the following carefully.

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. Candidate research via internet may be done.

SRACLC is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representation of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

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Signature of Applicant _____ Date _____