

NORTHWEST SPECIAL RECREATION ASSOCIATION  
3000 W. Central Road, Suite 205, Rolling Meadows, IL 60008  
847/392-2848 \* 392-2855 TTY \* 392-2870 Fax

400  
Rev. 2/06

APPLICATION FOR EMPLOYMENT

NWSRA may use any of the information listed on this application form to check past performance of applicant. Please note in writing if there is any problem in making such contacts. If hired, NWSRA reserves the right to release references and information regarding employment to future prospective employers unless otherwise indicated in writing by the applicant. NWSRA is an Equal Opportunity Employer. Those applicants requiring accommodation to the application/interview process should notify the supervisor responsible for hiring.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Classification (please circle if driving is an essential job function):   D     CDL  

Have you ever been known by any other name(s)? Yes  No  If so, what name? \_\_\_\_\_

A. Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

B. Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

A. Phone Number ( ) \_\_\_\_\_ B. Phone Number ( ) \_\_\_\_\_

Are you 15 years or older? Yes  No  15 year olds are required to obtain a work permit before start of employment.

Have you ever been convicted of any felony? Yes  No

Have you ever been convicted of a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery or any criminal drug statute? Yes  No

Has your license ever been revoked (such conviction may be relevant if job related, but does not bar you from employment)?  
Yes  No

Are you legally eligible for employment in the U.S.A.? Yes  No   
(Proof of U.S. Citizenship or immigration status will be requested upon employment)

EMPLOYMENT DESIRED

Day Camp  Full-Time  Inclusion  Weekly Programs

Dates: Flexible

Available starting date: \_\_\_\_\_ Days of week available: \_\_\_\_\_

Hours: Half Day  AM's  PM's  Whole Day  Extended Hours: 7-9 AM  3-6 PM

Do you have transportation to and from program sites? Yes  No

Would you be interested in working evenings, Saturdays or Sundays? Yes  No

EDUCATION INFORMATION

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Number of Years: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Type of degree working for: \_\_\_\_\_

Type of degree held: \_\_\_\_\_

Check the following certifications which you currently possess:

WSI  Lifeguarding  CPRP  CTRS  Other \_\_\_\_\_

First Aid  CPR Type:  Adult  Child  Community

Sign Language What level? \_\_\_\_\_

Please indicate your personal swimming ability: Non Swimmer  Beginner  Intermediate  Advanced

Would you want NWSRA to forward your name and phone # to parents looking for baby sitters, companions, or respite care workers for their family members with disabilities? Yes  No

How did you hear about NWSRA? Flyer  Newspaper  Teacher  Other

Please explain: \_\_\_\_\_

Rank Area: (1 = Most, 3 = Least)

North (Palatine, Wheeling, Arlington Heights., Buffalo Grove, Salt Creek, River Trails, Mt. Prospect, Prospect Heights)

Central (Rolling Meadows, Elk Grove, Inverness, Hoffman Estates)

South (Schaumburg, Bartlett, Hanover Park, Streamwood)

**RELATED WORK EXPERIENCE** (start with the most recent) if no employment experience, please indicate any volunteer work or internships.

POSITION HELD	EMPLOYER/SUPERVISOR	ADDRESS/PHONE #	DATES WORKED
1.			
2.			
3.			

**APPLICANT'S REFERENCES**

(Give the names of 3 persons not related to you, whom you have known at least 1 year. Teacher/Work preferred.)

Name/Agency	Address	Phone + Area Code	Relationship to applicant (Supervisor, employer, teacher, etc.)
1.		W: H:	
2.		W: H:	
3.		W: H:	

I, \_\_\_\_\_ do hereby grant NWSRA permission to contact any references listed above.

I (do), (do not) grant permission for NWSRA to release work performance information to prospective employers contacting NWSRA for reference. (please circle one).

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

The NWSRA is required by state statute (70 ILCS 1205/8-23) to obtain a criminal conviction information concerning applicants, and shall perform a criminal background check for applicants for all positions, including the position for which you have applied. Applicants are not obligated to disclose sealed or expunged records of convictions. Conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for the district. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific job.

I authorize investigation of all statements contained herein, references listed, motor vehicle record, and criminal background, to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing same.

I understand and agree that, if hired, my employment is considered "at will," i.e., for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

I understand that NWSRA is a drug free work place, a condition for **full-time** employment or as a driver, requires a pre-placement drug/alcohol screen test.

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_