

**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

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## 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.

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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	
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	
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
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	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.

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_