



# Warren Special Recreation Association

100 S. Greenleaf St., Gurnee IL 60031

*Inspiring People With Disabilities Through Meaningful Recreation*

(847) 244-6619

(847) 855-8687 Fax

## EMPLOYMENT APPLICATION

*We are an Equal Opportunity Employer, All applicants are considered without regard to race, color, religion, disability, sex, national origin, age (for those over 40 and over), or any other basis protected by federal, state, or local law. This employment application is only active for 60 days. After this time period a separate employment application must be submitted in order to be considered for employment. **Please print clearly.***

## PERSONAL INFORMATION

Date \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

How did you find out about this job? Friends or relatives work for WSRA?

\_\_\_\_\_

If hired, do you have reliable transportation to get to work? Yes ( ) No ( )

Minimum Salary expected \_\_\_\_\_ Are you at least 16 years old? Can You Provide a Work Permit? Yes ( ) No ( )

If the job you are applying for requires driving:

Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

## EMPLOYMENT DATA

What type of employment are you seeking? Temporary ( ) Part time ( ) Full time ( )

What position are you applying for? \_\_\_\_\_

What hours would you prefer? \_\_\_\_\_ What hours would you not prefer? \_\_\_\_\_

Are you willing to work weekends? Yes ( ) No ( ) Holidays? Yes ( ) No ( ) Evenings? Yes ( ) No ( )

Are you currently employed? Yes ( ) No ( ) If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before? Yes ( ) No ( ) If yes, name used \_\_\_\_\_

List any friends or relatives employed by WSRA: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position Yes ( ) No ( ) If yes, please describe: \_\_\_\_\_

How many days have you missed from school or work within the last year other than approved vacation, sick, or disability leave? \_\_\_\_\_ How many days have you been late to school or work other than approved vacation, sick, or disability? \_\_\_\_\_

## EDUCATION (Circle highest level attained)

College: 1 2 3 4 5 6 7 8

High School: 9 10 11 12 G.E.D.

Name of School: \_\_\_\_\_

Name of School: \_\_\_\_\_

Degree & Major/Minor: \_\_\_\_\_