



# Warren Special Recreation Association

100 S. Greenleaf St., Gurnee IL 60031

# WSRA

WARREN SPECIAL  
RECREATION ASSOCIATION

*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: \_\_\_\_\_

**Employment History** (List your last two employers. Begin with the most recent)

Name of Company	Job Title	Dates Employed
Address	City, State, Zip	Telephone Number
Supervisor's Name	Title	
Duties		
Reason for Leaving	May we contact for a reference? <input type="checkbox"/> Y <input type="checkbox"/> N	

Name of Company	Job Title	Dates Employed
Address	City, State, Zip	Telephone Number
Supervisor's Name	Title	
Duties		
Reason for Leaving	May we contact for a reference? <input type="checkbox"/> Y <input type="checkbox"/> N	

**References – If no references are listed above, this section must be completed in full.**  
 List name and telephone number of three references who are not related to you.

How many jobs have you had in the last five years not listed above? \_\_\_\_\_  
 Why are you seeking a new position at this time? \_\_\_\_\_  
 List any interests and organizations you're active in: \_\_\_\_\_

Name	Telephone	Years Known

**PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.**

I authorize WSRA to make an investigation of all information including all references contained in this employment application and I release from liability the employees and its representatives for seeking information and all other persons, corporations or origin for furnishing such information. I understand any false answers, statements, or implications made by me on this application or other required document shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release WSRA, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time. I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug/alcohol test required of me whether prior to my employment or if employed by WSRA at any time thereafter. I understand and expressly agree that if employed by WSRA storage areas provided for me (locker, desk, etc.) are open to investigation or search by WSRA without prior notice to me. I further understand this is an application for employment and no employment and no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and WSRA may change wages, benefits, and conditions at any time. My employment is at will. No individual with WSRA is authorized to change the employment-at-will status except the Executive Director, who may do so in writing. I have read and understand the above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_