



**SOUTH SUBURBAN
SPECIAL RECREATION
ASSOCIATION**

South Suburban Special Recreation Association

19910 80th Avenue 815-806-0384 (phone)
Tinley Park, IL 60487 815-806-0390 (fax)

- General Programs
- Inclusion
- Day Camp
- Volunteer
- Driver

Employment Application

Date: _____

Personal Information

Name (Last) _____ (First) _____ (Middle Initial) _____

Home Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Are you over 16? _____ If no, date of birth _____

Education Information

Grade School (Name) _____ (Number of Years Attended) _____

High School (Name) _____ (Number of Years Attended) _____

College (Name) _____ (Number of Years Attended) _____

Major _____ Minor _____

Other _____

Employment Record (List most recent position first)

Employer _____ Date Worked From _____ to _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Phone _____

Pay Rate _____ Responsibilities _____

Employer _____ Date Worked From _____ to _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Phone _____

Pay Rate _____ Responsibilities _____

Volunteer Work (List any volunteer position you have had that relates to the position you are applying for.)

Position _____ Agency _____

Position _____ Agency _____

Position _____ Agency _____

References (Please list 3 professional references who have knowledge of your character, personality and ability.)

Name _____ Relationship _____

Phone _____ Email _____

Name _____ Relationship _____

Phone _____ Email _____

Name _____ Relationship _____

Phone _____ Email _____

Interview Availability (Please indicate your availability for an interview; dates, times, etc.)

Put an X next to the groups you have had experience in working with:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Autism/PPD | <input type="checkbox"/> Aspergers Syndrome | <input type="checkbox"/> Behavior Disorders | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Multi-Needs | <input type="checkbox"/> Severe/Profound Disabilities | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Other: _____ |

Put an X next to the groups you have had experience in working with:

- | | | | | |
|--|--|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Sports | <input type="checkbox"/> Water Activities | <input type="checkbox"/> Dance | <input type="checkbox"/> Music |
| <input type="checkbox"/> Nature | <input type="checkbox"/> Camping | <input type="checkbox"/> Drama | <input type="checkbox"/> Life Saving | |
| <input type="checkbox"/> Basic Sign | <input type="checkbox"/> Water Safety Instructor (WSI) | <input type="checkbox"/> Other: _____ | | |

List your experiences in the field of recreation:

Have you ever been convicted of a felony?

_____ Yes _____ No

I understand that:

- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in the application. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless South Suburban Special Recreation Association and the Board members, employees, and volunteers thereof.
- By signing this application, I affirm that the information I have given is true and correct. Furthermore, I agree that any intentionally false and/or incorrect information shall result in immediate termination.

Signature of applicant _____ Date _____

Parent's signature (if under 18) _____

South Suburban Special Recreation Association is required by state statute (70ILCS1205/8-23) to obtain 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. Conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for South Suburban Special Recreation Association. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific job. Applicants are not required to disclose sealed or expunged records of conviction.



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Reference Check

Authorization to Release Information

To (prior employer) _____

Address _____ City _____ State _____ Zip _____

As an applicant for a position with South Suburban Special Recreation Association, I have been asked to furnish reference information in reviewing my background and qualifications. I do hereby authorize, South Suburban Special Recreation Association to investigate my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications. I further agree to cooperate in such an investigation.

Waiver and Release of All Claims

I agree to release from all persons and corporations requesting or supplying such information from all liability or responsibility. I further agree to waive and relinquish all claims I may have as a result of requesting or supplying such information and do hereby fully release and forever discharge all cooperating parties from any and all claims for damages or losses that I may incur and arising out of, connected with, or in any way associated with this request or supplying such reference information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my Waiver and Release of All Claims for your files. Thank you for your assistance in supplying this reference information.

Printed Name _____

Signature _____

Witness _____

Date _____