Kishwaukee Special Recreation Association

1403 Sycamore Road DeKalb IL, 60115 Phone: (779)777-7285 Fax: (815) 758-4081

EMPLOYMENT APPLICATION FORM

Kishwaukee Special Recreation Association (KSRA) is an equal opportunity employer.

Employment with KSRA governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, sex, religion, military status, unfavorable discharge from military service, national origin, ancestry, sexual orientation, political affiliation, marital status, mental or physical disability or any other legally protected status.

Employment at-will statement: I understand that I am an at-will employee and as such, employment with the Kishwaukee SRA is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice. Individuals who falsify information on an employ ment application may be immediately terminated.

Applicants requiring reasonable accommodation to the application/interview process should notify the administration office

Date of Application:

Name: [Last] [Last]

Address: [Street]

City] [State] [Zip]

Phone:

Email:

If you are under 16 years of age and it is required, can you furnish a work permit? Yes No

Have you submitted an application to KSRA before? Yes No

Have you ever been employed with KSRA before? Yes No If yes, give date:

Are you currently employed? Yes No

May we contact your present employer? Yes No *Note: KSRA reserves the right to contact all past employers as part of the agency's reference checks.*

Are you legally eligible for employment in this country? Yes No

Application for (check applicable):

Recreational Program Lead
Recreational Program Assistant
Internship
A.R.I.S.E. Program Lead
Inclusion Aide/Companion

AVAILABILITY

Week Availability (Check all times you are available to work)

Time	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Not Available
7:00 - 8:00 am								
8:00 - 9:00 am								
9:00 - 10:00 am								
11:00 am - 12:00 pm								
12:00 - 1:00 pm								
1:00 - 2:00 pm								
2:00 - 3:00 pm								
3:00 - 4:00 pm								
4:00 - 5:00 pm								
5:00 - 6:00 pm								
6:00 - 7:00 pm								
7:00 - 8:00 pm								
8:00 - 9:00 pm								

Desired salary/wage?

Date available to begin work

EDUCATIONAL BACKGROUND

EDUCATIONAL LEVEL	SCHOOL NAME & LOCATION	NUMBER OF YEARS COMPLETED	DEGREE, DIPLOMA CERTIFICATE RECEIVED?
High School/GED Trade/Vocational Some College Associate Degree Bachelor Degree Master's Degree Doctorate/Professional Degree			YES NO
High School/GED Trade/Vocational Some College Associate Degree Bachelor Degree Master's Degree Doctorate/Professional Degree			YES NO
High School/GED Trade/Vocational Some College Associate Degree Bachelor Degree Master's Degree Doctorate/Professional Degree			YES NO

WORK HISTORY (BEGINNING WITH MOST CURRENT EMPLOYMENT)

Employer:

Date Started: Date Left:

Position:

Reason for Leaving:

Address:

Phone:

Email:

Name of Supervisor:

Employer:

Date Started: Date Left:

Position:

Reason for Leaving:

Address:

Phone:

Email:

Name of Supervisor:

Employer:

Date Started: Date Left:

Position:

Reason for Leaving:

Address:

Phone:

Email:

Name of Supervisor:

ADDITIONAL SKILLS (CERTIFICATIONS, LICENSES, TRAINING, ETC.)

Note to Applicant: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE ESSENTIAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. YOU MAY OBTAIN A COPY OF THE JOB DESCRIPTION AT THE ADMINISTRATION OFFICE**. Are you capable of performing in a reasonable and safe manner, with or without reasonable accommodation, the essential job duties for the job or position for which you have applied?

Yes No

CERTIFICATIONS/TRAINING

Please check all your current certifications
Certified Paraprofessional
Crisis Prevention Institute or Hande with Care Certified
First Aid
CPR - Infant/Child
CPR - Adult
AED
Other

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all the information submitted by me on this application is true and complete, and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and hereby release and waive any claim against the Park District that may allegedly arise from such investigation. I further understand that if any false information, omissions, or misrepresentations are either contained in my application or given during any interview and are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to KSRA rules and regulations, and I agree that my employment is "at-will" and my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at either my or the Park District's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause, and with or without notice at any time by KSRA.

I understand KSRA **is required by state statute [70 ILCS 1205/8-23] 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. Pursuant to said statute, certain convictions shall automatically disqualify the applicant from consideration for working for the Park 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. Applicants are not obligated to disclose sealed or expunged records of conviction. Further, the Park District complies with all aspects of the Illinois Human Rights Act and other applicable laws regarding, for instance, requirements for pre-adverse action notices, adverse action notices and interactive discussions to determine the relevance of convictions to the job position.

I understand that if I am hired, I will be required to provide proof of identity and information for compliance with the Immigration Reform and Control Act.

Applicant's Signature_____ Date _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Interview Information

Interview: Yes No

Interview Date: Time:

Interviewed by:

Position Interviewed For:

Employment Decision

Interview: Hired Not Hired Withdrew Hold

Pay Rate/Salary: