

Application for Employment at Fox Valley Special Recreation Association



2121 West Indian Trail, Aurora, Illinois 60506 // Phone: 630.907.1114 / Fax: 630.907.1116 / www.fvsra.org

Please Print

Position Applied for:		Date of Application:	
Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:
School Address (if applicable):			
Email Address:			
Phone Numbers:			
Home: _____	Cell: _____	Work: _____	
Summer: _____	School: _____		
If you are under the age of 16, can you provide required proof of eligibility to work?		YES _____	NO _____
Have you ever filed an application or been employed with us before?		YES _____	NO _____
Are you currently employed?		YES _____	NO _____
Are you currently on "lay-off" status and subject to recall?		YES _____	NO _____
Do you hold any special certificates that would make you uniquely qualified for this job? (example: CPR, First Aid, WSI, NCTRC) Please list: _____			
If driving is an essential function of the job, do you hold a driver's license?		YES _____	NO _____
Driver's License Information: State _____ Number _____			
Date you are available to start work? _____		Desired Salary/wage: _____	
<p>Fox Valley Special Recreation Association (FVSRA) is required by state statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning applicants offered employment, and shall perform a criminal background check for applicants for all positions, including the position for which you have applied. Applicants are not obligated to disclose sealed or expunged records of convictions. Conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for the 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.</p>			
Have you ever been convicted of a felony?		YES _____	NO _____
Have you been convicted of a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery or any criminal drug statute?		YES _____	NO _____

Please check the days you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Eve							

Employer: _____ Address: _____ City : _____ State: _____ Zip: _____ Telephone Number: _____ Dates Employed: From: _____ To: _____ Job Title: _____ Hourly Rate/Salary: Starting: _____ Final: _____ May we contact this organization? YES _____ NO _____ Supervisor: _____	Work Performed:
Employer: _____ Address: _____ City : _____ State: _____ Zip: _____ Telephone Number: _____ Dates Employed: From: _____ To: _____ Job Title: _____ Hourly Rate/Salary: Starting: _____ Final: _____ May we contact this organization? YES _____ NO _____ Supervisor: _____	Reason for Leaving:
Employer: _____ Address: _____ City : _____ State: _____ Zip: _____ Telephone Number: _____ Dates Employed: From: _____ To: _____ Job Title: _____ Hourly Rate/Salary: Starting: _____ Final: _____ May we contact this organization? YES _____ NO _____ Supervisor: _____	Reason for Leaving:
Please explain any gaps in employment: _____ _____ _____ _____	

Education:

	Elementary School	High School	College/University	Post Graduate
School Name/City				
Years Completed				
Diploma, Years of Study				

References:

Give references who are not previous employers and who are not related to you

NAME:	ADDRESS:	PHONE NUMBER:
1.		
2.		
3.		

Please answer the following question if applying for any position other than secretarial/office position. Complete this section excluding those activities which indicate race, color, religion, sex, national origin, age, ancestry, marital status, unfavorable discharge from the military, physical or mental disability unrelated to job requirements or any other legally protected status:

Why are you applying to work with people with disabilities, and why do you feel you are qualified to do this work?

Describe any specialized training or skills you have acquired which may be helpful to us in considering your application:

Describe any leisure interests and/or extra curricular activities:

Applicant Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I here by understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employees at any time with or without a cause. I additionally understand and acknowledge that acceptance of an offer of employment does not create a contractual obligation upon FVSRA to continue to employ me in the future: the length of my employment is not guaranteed. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. 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.

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Signature of applicant: _____ **Date:** _____

Office Use Only:

Arrange Interview: YES: _____ NO: _____

Remarks (see interview form) :

Interviewer: _____

Date: _____

References Checked: YES _____ NO _____

Employed: YES: _____ NO: _____ HOLD: _____

Date employment: _____

Job Title: _____

Hourly Rate: \$ _____ Date: _____

Rate adjustment: \$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

By (Name and Title): _____

Date: _____