



## Fox Valley Special Recreation Association

2121 W Indian Trail Aurora, IL 60506

Phone 630-907-1114

www.fvsra.org

Fax 630-907-1116

### APPLICATION FORM

Employment with the Fox Valley Special Recreation Association is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, sex, religion, veteran status, national origin, marital status, mental or physical disability or any other legally protected status.

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License # \_\_\_\_\_ (If driving is an essential job function.)

If you are under 18 years of age and it is required, can you furnish a work permit?  Yes  No

Have you submitted an application here before?  Yes  No

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

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

Application for (check applicable):

Seasonal Programs       Day Camp       Private Instructor  
 Inclusion       Van Driver       TR Specialist

Available for: \_\_\_\_\_ Part Time Employment \_\_\_\_\_ Full Time Employment \_\_\_\_\_ Seasonal

Will you be able to meet the attendance requirements of the position?  Yes  No

Position applied for: \_\_\_\_\_

Desired salary/wage? \_\_\_\_\_ Date available to begin work: \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

**EDUCATIONAL BACKGROUND (fill in below):**

EDUCATION	SCHOOL Name/Location	Years Completed	MAJOR	Degree Earned
High School				
College/ University				
Other Training, Education				

Please list certifications, licenses, training, skills, etc. applicable to the position for which you are applying:

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**WORK HISTORY**

Fill in below, beginning with most current employment. **Please explain any gaps in employment. FVSR requires one reference from a former employer. Please check the box of at least one former employer that may be contacted as a reference.**

Most recent employer			Address			Phone		
Date started			Starting Salary			Starting Position		
Date left			Salary on leaving			Position on leaving		
Name and title of supervisor								
Description of duties						Reason for leaving		
<input type="checkbox"/> Please check here if this employer may be contacted as a reference.								

Most recent employer			Address			Phone		
Date started			Starting Salary			Starting Position		
Date left			Salary on leaving			Position on leaving		
Name and title of supervisor								
Description of duties						Reason for leaving		
<input type="checkbox"/> Please check here if this employer may be contacted as a reference.								

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or position for which you have applied? A review of the activities involved in such a job or position has been given. Yes \_\_\_ No \_\_\_

Have you ever been convicted of any felony? \_\_\_\_\_ YES \_\_\_\_\_ NO.

*Fox Valley Special Recreation Association (FVSRA) 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. 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.*

If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **PERSONAL REFERENCES**

PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE PERSONAL REFERENCES, NOT RELATED TO YOU, THAT WE MAY CONTACT.

1. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DAY PHONE # \_\_\_\_\_ EVE PHONE # \_\_\_\_\_

2. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DAY PHONE # \_\_\_\_\_ EVE PHONE # \_\_\_\_\_

3. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DAY PHONE # \_\_\_\_\_ EVE PHONE # \_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that answers given herein are true and complete.

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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Fox Valley Special Recreation Association (FVSRA) is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without 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 conduct unless such change is specifically acknowledged in writing by the Executive Director.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will be grounds for dismissal. I understand, also, that I am required to abide by all rules and regulations of FVSRA. 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: \_\_\_\_\_