

ATTACHMENT

Statement of Purpose For Collection of Social Security Numbers by the LINCOLNWAY SPECIAL RECREATION ASSOCIATION

The Identity Protection Act, 5 ILCS 179/1 et seq., and the Identity-Protection Policy of the LINCOLNWAY SPECIAL RECREATION ASSOCIATION (“District”) require the District to provide an individual with a statement of the purpose or purposes for which the District is collecting and using the individual’s Social Security number (“SSN”) anytime an individual is asked to provide the District with his or her SSN or if an individual requests it. This Statement of Purpose is being provided to you because you have been asked by the District to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- To complete an employment application;
- For payroll and tax purposes
- For criminal background checks;
- For circumstances that will be deemed necessary, by law, as listed under IV (b) of the Lincolnway Special Recreation Association Identity-Protection Policy.

What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected.

We will not:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
- Publicly post or publicly display your SSN;
- Print your SSN on any card required for you to access our services;
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you. If mailed, your SSN will not be visible without opening the envelope in which it is contained.

Questions or Complaints about this Statement of Purpose

Write to the: LINCOLNWAY SPECIAL RECREATION ASSOCIATION
Attention: Executive Director
1900 Heather Glen Dr.
New Lenox, IL 60451



LINCOLNWAY SPECIAL RECREATION ASSOCIATION

1900 Heather Glen Dr., New Lenox, IL 60451

Phone: 815-320-3500 Fax: 815-464-2813 E-mail: support@lwsra.org

APPLICATION FORM

LINCOLNWAY SPECIAL RECREATION ASSOCIATION (LWSRA) IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with the LWSRA Agency 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, sexual orientation or any other legally protected status. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION/INTERVIEW PROCESS SHOULD NOTIFY THE HUMAN RESOURCE MANAGER.

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 16 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)

_____ Program Aide _____ Bus Driver _____ Coach
_____ Supervisor _____ Office _____ Other

Available for: _____ Part Time Employment _____ Full Time Employment _____ Seasonal

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

Are you willing to work overtime as required? ___ 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	Number of Years Completed	MAJOR	YES/NO Degree/Diploma
High School				
College/ University				
Other Training, Education				

Have you ever been convicted of any felony? ____YES ____NO

Have you ever been convicted of a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery, or any criminal drug statute? ____Yes ____No

The Lincolnway Special Recreation Association 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. 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 Lincolnway 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.

If yes, describe: _____

Have you served in the U.S. Armed Forces (include National Guard or Reserves)
 _____? Date of duty: _____

Branch of service: _____ Applicable skills acquired: _____

WORK HISTORY (fill in below, beginning with most current employment)

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

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

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

NOTE: Please explain any gaps in employment.

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

Note to Applicants: 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 BUSINESS 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 _____

EMPLOYMENT REFERENCES

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

1. COMPANY _____

(Check one) _____ Past Employer _____ Other

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

(For Office Use Only) _____

2. COMPANY _____

(Check one) _____ Past Employer _____ Other

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

(For Office Use Only) _____

3. COMPANY _____

(Check one) _____ Past Employer _____ Other

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

(For Office Use Only) _____

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 LINCOLNWAY SPECIAL RECREATION ASSOCIATION WHICH 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 THE LINCOLNWAY SPECIAL RECREATION ASSOCIATION'S 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 LINCOLNWAY SPECIAL RECREATION ASSOCIATION'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 THE LINCOLNWAY SPECIAL RECREATION ASSOCIATION .

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 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 _____



Lincolnway Special Recreation Association

National Background Screening Consent/Release Form

Applicant's **Legal** Name (printed)

Social Security Number _____ Date of Birth ____/____/____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____