



Lincolnway Special Recreation Association  
 1900 Heather Glen Dr.  
 New Lenox, IL 60451  
 (815) 320-3500

## Employee Application

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.

### CONTACT INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### GENERAL INFORMATION:

Are you at least 16 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you legally eligible for employment in this country? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you been employed with LWSRA before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Application for: Program Aide \_\_\_\_\_ Maintenance Helper \_\_\_\_\_

Available for: Part-time employment (at least 10 hours per week) \_\_\_\_\_

Full-time employment (at least 30 hours per week) \_\_\_\_\_

Seasonal (summer only) \_\_\_\_\_

Desired wage: \_\_\_\_\_/hr

Date available to work: \_\_\_\_\_

Are you currently receiving benefits from IMRF?: \_\_\_\_\_

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.

**EDUCATION:**

High School attended: \_\_\_\_\_ Yrs. completed: \_\_\_\_\_  
Colleges attended: \_\_\_\_\_ Yrs. completed: \_\_\_\_\_  
\_\_\_\_\_ Yrs. completed: \_\_\_\_\_

Degree/ Diploma: \_\_\_\_\_

Other Training/ Education: \_\_\_\_\_

Certifications/ Licenses: \_\_\_\_\_

**WORK HISTORY:**

Have you served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Branch of service: \_\_\_\_\_

1. Most recent/ current employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Start date: \_\_\_\_\_ Starting position: \_\_\_\_\_ Starting salary: \_\_\_\_\_

End date: \_\_\_\_\_ Ending position: \_\_\_\_\_ Ending position: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Supervisor position: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Can we contact supervisor for reference? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Previous employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Start date: \_\_\_\_\_ Starting position: \_\_\_\_\_ Starting salary: \_\_\_\_\_

End date: \_\_\_\_\_ Ending position: \_\_\_\_\_ Ending position: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Supervisor position: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Can we contact supervisor for reference? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# AVAILABILITY FORM

Please specify the days and times you are available to work.

Place an "X" in regions that you are unavailable.

DAYS	TIMES				
	6a-9a	9a-12p	12p-3p	3p-6p	6p-9p
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Explain commitments that limit your above availability.

School: \_\_\_\_\_  
\_\_\_\_\_

Other employment: \_\_\_\_\_  
\_\_\_\_\_

Extracurriculars: \_\_\_\_\_  
\_\_\_\_\_

Other commitments: \_\_\_\_\_  
\_\_\_\_\_

How do you plan to commit to LWSRA if hired as an employee?

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

# PROGRAM AIDE INTEREST FORM

\*maintenance applicants may disregard\*

Please check and list your interests below.

Daily Programs		Weekly Programs		
<input type="checkbox"/> No interest in dailies		<input type="checkbox"/> No interest in athletics		
	Aide		Coach	Aide
Titans Day Program		Softball		
Club Hawk Aftercare		Volleyball		
Summer Day Camps		Golf		
		Track & Field		
<b>Special Events</b>		Swimming		
<input type="checkbox"/> No interest in specials		Gymnastics		
	Aide	Bowling		
Youth Trips		Tennis		
Teen Trips		Wheelchair Basketball		
Teen Social		Wheelchair Softball		
Adult Trips		Other Adaptive Sports		
Adult Social		<input type="checkbox"/> No interest in creative arts		
Dances			Instructor	Aide
		Youth Drama		
		Youth Cooking/ Art		
		Adult Cooking/ Art		
		Music Lessons		

Do you have any other skills and talents? If so please list below.

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# PROGRAM AIDE EXPERIENCE FORM

**\*maintenance applicants may disregard\***

List any work or volunteer experience working with individuals with disabilities or disability related needs. Include place, length of time, age, and type of disability.

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Why do you want to volunteer with LWSRA? Include if personal interest or volunteer hours are needed for school or similar program.

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How did you hear about LWSRA?

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# 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 "ATWILL" 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 Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_