



**WESTERN DUPAGE
SPECIAL RECREATION ASSOCIATION**
116 N. Schmale Road Carol Stream, IL 60188
(630) 681-0962 Fax (630) 681-1262

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Name: _____

Date: _____ Position you are applying for: _____

When can you begin employment? _____ Desired salary/wage? _____



Home Address: _____
(Street Address)

_____ (City) (State) (Zip)

Home Phone: (____) _____ Cell Phone (____) _____

E-mail Address _____



Drivers License #: _____ State: _____

Social Security #: _____ - _____ - _____

Have you ever been *convicted* of a felony? YES NO

If so, when and why? _____



EDUCATION INFORMATION

Please List: Schools Attended, Dates, Degrees / Certifications Earned

(1) _____

(2) _____

(3) _____

ADDITIONAL QUESTIONS

How did you hear about WDSRA? What made you decide to apply for a position here?

List your experience working with individuals who have special needs. Give dates and some explanation of your duties / responsibilities:

What special needs group do you feel most qualified to work with? Why?

ADDITIONAL COMMENTS

CERTIFICATIONS

Do you have certification in the following areas?

	YES	NO	EXPIRATION DATE	
CPR:	___	___	_____	
First Aid:	___	___	_____	
Instructor:	___	___	_____	(1 st Aid ___ CPR ___ Lifeguard ___)
Lifeguard:	___	___	_____	
WSI:	___	___	_____	
CPI:	___	___	_____	
CTRS:	___	___	_____	
CPRP:	___	___	_____	
Other:	_____			

WHAT'S YOUR SPECIALTY?

NAME _____

Many times we are looking for staff that have a background in a specific area. Please mark an "X" next to each item below **ONLY** if you are certified in that particular item **OR** if you have knowledge of the sport & skills to teach or assist in that particular item.

"X"

"X"

<input type="checkbox"/>	CTRS Recreation Specialist	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	CPRP Recreation Professional	<input type="checkbox"/>	Wheelchair Basketball
<input type="checkbox"/>	First Aid Certified	<input type="checkbox"/>	Softball
<input type="checkbox"/>	CPR Certified	<input type="checkbox"/>	Little League Baseball
<input type="checkbox"/>	Lifeguard Certified	<input type="checkbox"/>	Soccer
<input type="checkbox"/>	WSI Instructor	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Instructor (1 st Aid, CPR, AED, Lifeguard)	<input type="checkbox"/>	Track & Field
<input type="checkbox"/>	Swim Lessons Instructor	<input type="checkbox"/>	Bocce Ball
<input type="checkbox"/>	Certified Music Therapist	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Certified Art Therapist	<input type="checkbox"/>	Bowling
<input type="checkbox"/>	CPI Certified (Crisis Prevention Intervention)	<input type="checkbox"/>	Golf
<input type="checkbox"/>	Sign Language Interpreter	<input type="checkbox"/>	Gymnastics
<input type="checkbox"/>	Sign Language Skills	<input type="checkbox"/>	Down Hill Skiing
<input type="checkbox"/>	Bi-Lingual (Fluent in _____)	<input type="checkbox"/>	XX-Skiing / Snow Shoeing
<input type="checkbox"/>	Bi-Lingual (Skills in _____)	<input type="checkbox"/>	Ice Skating
<input type="checkbox"/>	Aerobics / Fitness Instructor	<input type="checkbox"/>	Roller / Inline Skating
<input type="checkbox"/>	Dance Instructor	<input type="checkbox"/>	Singing / Choir
<input type="checkbox"/>	SCUBA Certified	<input type="checkbox"/>	Poms / Cheerleading
<input type="checkbox"/>	Gymnastics Instructor	<input type="checkbox"/>	Dance (Specify)
<input type="checkbox"/>	Certified Coach; List Sport(s)	<input type="checkbox"/>	Musical Instrument; Please List (guitar, piano, etc)

EMPLOYMENT EXPERIENCE

Have you previously worked for WDSRA in the past? YES NO

If so, when? _____

Position? _____

Please list below your previous employment history (full-time and/or part-time positions).
Begin listing the most recent position first, etc...

1. Employer

Dates employment _____ Ending salary _____

Address: _____

Position _____

Please indicate below a reference that we can contact from this position:

Reference Name: _____

Position: _____ Phone: (____) _____

2. Employer

Dates employment _____ Ending salary _____

Address: _____

Position _____

Please indicate below a reference that we can contact from this position:

Reference Name: _____

Position: _____ Phone: (____) _____

3. Employer

Dates employment _____ Ending salary _____

Address: _____

Position _____

Please indicate below a reference that we can contact from this position:

Reference Name: _____

Position: _____ Phone: (____) _____

ADDITIONAL REFERENCES

Please give two (2) additional references that have knowledge of your character, personality, and general ability. If you are in school or are a recent graduate, one of these should be a school faculty member. **Do not list relatives or employers.**

(1)

Name	Relationship
Address	Phone

(2)

Name	Relationship
Address	Phone

I hereby authorize Western DuPage Special Recreation Association (WDSRA) to request and receive references from all past and present employers as indicated, and release said employers from any and all liability which may arise from providing information. I further authorize WDSRA to conduct a background check through the Illinois State Police and understand that employment at WDSRA is contingent on the results of this check.

I understand that any intentionally false and/or incorrect information shall result in immediate termination.

Signature of Applicant:

Date

Applicant

Name: _____

<p>WESTERN DUPAGE SPECIAL RECREATON ASSOCIATION IS AN EQUAL OPPORTUNITY EMPLOYER. Employment with WDSRA is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, sex, religion, sexual orientation, veteran status, national origin, marital status, mental or physical disability or any other legally protected status.</p>

Thank you for your interest in working with Western DuPage Special Recreation Association. You will receive a postcard in the mail stating that we received your application within 1-2 weeks. Selected applicants who we feel are a good match for the agency will receive a phone call to set up an interview. Your application will be reviewed and kept on file for a minimum of six months. Depending upon the time you submitted your application you may receive a phone call later in the season, for the upcoming season **OR** as the need to bring on additional staff arises.

If you do not receive a postcard in the mail within 1 – 2 weeks of submission, please call Wendy or Carolyn at the WDSRA office to verify that we have received your application. You may need to resubmit your application if necessary.