

# CARBONDALE RECREATION APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, age, sex religion, handicap or national origin

## PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle

Present Address \_\_\_\_\_  
 Street City State Zip

Permanent Address \_\_\_\_\_  
 Street City State Zip

Phone No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Referred by \_\_\_\_\_

Are you 14 years of age or older? \_\_\_\_\_ Date of birth: \_\_\_\_\_

**You must be atleast 14 to be employed**

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed Now?  Y  N Where? \_\_\_\_\_ If so May We Enquire of Your Present Employer \_\_\_\_\_

Ever Applied To This Company Before? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

EDUCATION	Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subject Studies and Degree(s) Received
Grammar School				
High School				
College				

## GENERAL

Subjects of Special Study or Research Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Related Skill (driver's license, certifications, prior experience, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activities other than religious (Civic, Academic, Athletic, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS**

List below the last four employers, starting with the current or most recent.

Date Month and Year	Name, Address and Phone Number of Employer	Salary upon leaving	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**REFERENCES**

List below three people (adults), not related to you, whom you have know at least one year.

Name	Address and Phone Number	Position	Years Acquainted

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my wages and salary, be terminated at any time without cause and without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In case of  
Emergency Notify

\_\_\_\_\_ Name Address Phone No.

**DO NO WRITE BELOW THIS LINE-OFFICE USE ONLY**

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

REMARKS \_\_\_\_\_

INS Form I-9 Completed Yes No

Hired \_\_\_\_\_ For \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_

Salary/Wages

\_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_