

Education				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Work Experience				
Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.				
Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	Starting	Final		
Reason for Leaving			May we Contact	Yes No
Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	Starting	Final		
Reason for Leaving			May we Contact	Yes No
Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	Starting	Final		
Reason for Leaving			May we Contact	Yes No

Describe any specialized training, apprenticeship, skills, CPR, First Aid, Lifeguard Training, Water Safety Instructor certifications and extra-curricular activities.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Specialized Skills (Check skills/equipment Operated)		
<input type="checkbox"/> Line Phone	<input type="checkbox"/> Cash Register	<input type="checkbox"/> Publisher
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Word Processing
State any additional information you feel may be helpful to us in considering your application.		

Personal/Professional References Do not include family members or past supervisors.			
Name	Phone Number	Best Time to Call	Occupation

Applicants Statement

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 this organization 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Application For Employment

Symons Recreation Complex

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied for		Date of Application	
How Did You Learn About Us?			
Advertisement	Friend	Inquiry	
Employment Agency	Relative	Other (Please explain: _____)	
Last Name	First Name	Middle Name	
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)		Best time to contact you at home:	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Do any of your friends or relative, other than spouse, work here? Yes No

If yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Do you prefer to work: Full Time (Mornings Afternoons Evenings Weekends)
Part Time (Mornings Afternoons Evenings Weekends)

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER