

Skills and Qualifications- Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions for which you are applying.

Educational Background **PLEASE PRINT**

A. List last three (2) schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. List Grade Point Average or Class Rank. E. List Major Field of Study. F. List Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR
1. _____					
2. _____					

References **PLEASE PRINT**

List name and telephone number of three (2) business/work references who are *NOT* related to you and are *NOT* previous supervisors. If not applicable, list three (2) school or personal references who are *NOT* related to you.

NAME	TELEPHONE (WITH AREA CODE)	YEARS KNOWN
1. _____		
2. _____		

Reference Checking Consent and Authorization Form

Please read the information on this form carefully and completely.

I have applied for employment with Centralia Recreation Complex Charitable Trust and have provided information about my previous employment. I authorize Centralia Recreation Complex Charitable Trust to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to Centralia Recreation Complex Charitable Trust, whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and Centralia Recreation Complex Charitable Trust from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Centralia Recreation Complex Charitable Trust.

I further authorize Centralia Recreation Complex Charitable Trust to obtain feedback and references from my supervisors over the course of my employment. I understand that subsequent and continued employment with Centralia Recreation Complex Charitable Trust may be subject to this feedback.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Print Name: _____ **Signature:** _____

Date: _____