

CENTRALIA RECREATION COMPLEX

115 East 2nd Street Centralia, IL 62801 618-532-3214

Application for Employment		PLEASE PRINT		
Position(s) applied for:		Date of application		
Name				
LAST	FIRST		MIDDLE	
Phone #	Email Address			
Address				
STREET Type of Employment desired:Full-T	CITY imePart-Time Age	STATE	ZIP CODE	
If you are 15, and it is required, can you furni	sh a work permit?	Yes	No	
Employment History PLE Provide the following information from your	CASE PRINT past and current employers			
EMPLOYER	TELEPHONE	DATES EMPLO	DYED FROM TO	
ADDRESS	CITY, STATE, ZIP CODE			
JOB TITLE	IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING	STARTING HOUR	LY RATE/SALARY S	\$ PER WEEK/HOUR/ETC	
MAY WE CONTACT FOR REFERENCE? YES	FINAL HOURLY RAT	E/SALARY \$ PER W	/EEK/HOUR/ETC	
SUMMARIZE THE TYPE OF WORK PERF	FORMED AND JOB RESPON	SIBILITIES		
EMPLOYER	TELEPHONE	DATES EMPLO	OYED FROM TO	
ADDRESS	CITY, STATE, ZIP CODE			
JOB TITLE	IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING	STARTING HOUR	LY RATE/SALARY	\$ PER WEEK/HOUR/ETC	
MAY WE CONTACT FOR REFERENCE? YES	FINAL HOURLY RAT	E/SALA \$ PER WEE	K/HOUR/ETC	
SUMMARIZE THE TYPE OF WORK PERI	FORMED AND JOB RESPON	SIBILITIES		

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	OT TEAKS COMPLETED	DILEGIMIT			
1					
2					
References	PLEASE PRINT				
	phone number of three (2) busine t applicable, list three (2) school c				OT previous
NAME		TELEPHONE (V	WITH AREA CODE)	YEA	ARS 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:_____