Community Inclusive Recreation Application For Employment

We consider all applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

PLEASE PRINT

Date _____ Position Applying For _____

Last Name _____ First Name _____

Address _____
Number Street City State Zip Code

Daytime phone (___)_____ Evening phone (___)_____

Best time to contact you: _____

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

Have you ever filed an application with us before? _____ If yes, when? _____

Have you ever been employed by CIR? _____ If yes, when? _____

Do any of your friends or relatives work here? _____

Date available for work ____/____/____

Are you applying for Full or Part-time work? _____

Are you currently on "lay-off" status and subject to recall? _____

Have you ever been convicted of a felony? *(circle one)* Yes No

Are there any felony charges pending against you? *(circle one)* Yes No

Can you travel if a job requires it? *(circle one)* Yes No

EDUCATION

	Name and Address of School	Number of years completed	Diploma Degree	Area of Study
High School				
Undergraduate College				
Graduate School				
Other				

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United States military

EMPLOYMENT HISTORY - Start with present or most recent job

Employer		Dates Employed		Job Duties
		From	To	
Address				
Telephone number		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Job Duties
		From	To	
Address				
Telephone number		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Job Duties
		From	To	
Address				
Telephone number		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Job Duties
		From	To	
Address				
Telephone number		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				

ADDITIONAL SKILLS/INFORMATION

Other Qualifications

Please list any additional job-related skills or qualifications you have acquired

_____

_____

_____

_____

Please place a check √ in front of skill that you are proficient in

___ PC ____ Spreadsheets ____ Word Processing

___ Other (list) _____

REFERENCES

1. _____ (____) _____
   Name Phone #

   _____
   Address

2. _____ (____) _____
   Name Phone #

   _____
   Address

3. _____ (____) _____
   Name Phone #

   _____
   Address

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying with or without a reasonable accommodation? _____ YES _____ NO