

APPLICATION FORM

REVISED 01/2016



TO BE COMPLETED BY EMPLOYER
Supervisor: _____
Date of First Hire: _____
Position: _____
Rate of Pay: _____

10 Gateway Drive ~ Collinsville, IL ~ www.CollinsvilleRec.com ~ 618-346-7529

The Collinsville Area Recreation District is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including, race, color, age, sex, religion, handicap or national origin.

- Incomplete applications will not be accepted.
 - Applications are at the Collinsville Area Recreation District Administrative Office, located at 10 Gateway Drive in Collinsville, Illinois. They also are online at collinsvillerec.com.
 - Application are accepted in person, mail, fax to 618-346-7530 or e-mail to info@collinsvillerec.com
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Applicants under 18 years old must provide proof of age
(bring a birth certificate or state-issued ID)

Name: _____

Permanent Address: _____
Street
City
State
Zip

Telephone #: _____ Cell Phone #: _____

E-Mail: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Telephone#: _____ Alternate Phone#: _____

College Students: Please list phone number, best time to reach you and the last day we can contact you at this number. _____

If you have worked at CARD before, in what job and year? _____

How did you hear about this job? _____ Referred By? _____

Do you have a driver's license? Yes No

For what position(s) are you applying? _____

Other position(s) you are interested in: _____

EDUCATION	Name/Location of School	Years Attended	Did you Graduate?	Degrees(s) Received
Grammar				
High School				
University/College				
Trade/Business				

GENERAL

Subjects of special study or research work: _____

Job-Related skills (typing, driver’s license, etc.): _____

Civic or athletic skills (typing, driver’s license, etc.) _____

(Exclude organization that the name or character of which indicates the race, sex, color or national origin of its members.)

FORMER EMPLOYERS List employers for the last seven years, starting with the most recent

Years at Location	Company Name/Address	Salary Upon Leaving	Position	Reason For Leaving

REFERENCES List three person not related to you whom you have known at least one year

Name	Address/Telephone	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 employment is for no definite period and my, regardless of the date or payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Signature

Date