



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

Applicants under 18 years old must provide proof of age

(bring a birth certificate or state-issued ID)

Legal Name: _____ Nickname: _____

Permanent Address: _____
Street *City* *State* *Zip*

Telephone #: _____ Cell Phone #: _____

E-Mail: _____

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

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

Do you have relatives who currently work for CARD? Yes No

If yes, please indicate name and relationship: _____

Do you have a driver's license? Yes No

For what position(s) are you applying? _____

Other position(s) you are interested in: _____

Are you able to perform the essential functions of the job for which you are applying without reasonable accommodation? Yes No If no, what accommodations are needed? _____

EDUCATION	Name/City of School	Years Attended	Did you Graduate?	Degree(s) Received
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 professional references

Name	Address/Telephone	Position	Years Acquainted

ADDITIONAL COMMENTS OR INFORMATION: _____

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 may, 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