

APPLICATION FORM

REVISED 01/2013



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

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 accepted in person, via mail to 10 Gateway Drive, Collinsville, IL 62234, or fax to 618-346-7530
- 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 code

Telephone # _____ Cell phone # _____ E-mail _____

Emergency Contact _____ Relation _____

Emergency Contact Telephone # _____

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

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

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

Have you ever been convicted of any law violation (except minor traffic violation)? _____

If yes, explain: _____

(No applicant will be denied employment solely on the grounds of a criminal offense conviction)

Do you have a valid driver's license? Yes No

If requested, would you submit to a security interview and/or drug testing? Yes No

For what position(s) are you applying? _____

EDUCATION	Name/Location of School	Years Attended	Did you Graduate?	Degree(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 activities (non-religious) _____

EXCLUDE ORGANIZATIONS 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 persons not related to you whom you've known at least one year

Name	Address/Telephone	Position	Years Acquainted

AUTHORIZATION

Under Illinois law, any applicant for employment or prospective employment is required to undergo a background check through state policing authorities. Any applicant refusing a background check will be ineligible for employment with the Collinsville Area Recreation District. I, the applicant, hereby authorize a background check.

Date _____ Signature _____

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.

Date _____ Signature _____