

JEFFERSON RECREATION CENTER JEFFERSON GYMNASTICS

Employment Application



APPLICANT INFORMATION

Last Name			First			M.I.	Birth date	
Street Address						Apartment/Unit #		
City			State			ZIP		
Phone			E-mail Address					
Date Available			Social Security No.				Desired Salary	
Position Applied for								
AVAILABILITY								
SUNDAY	MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EDUCATION

High School			Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name			Relationship			
Company			Phone	()		
Address						
Full Name			Relationship			
Company			Phone	()		
Address						

Full Name					Relationship				
Company					Phone	()			
Address									
PREVIOUS EMPLOYMENT									
Company					Phone	()			
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone	()			
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone	()			
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
MILITARY SERVICE									
Branch					From		To		
Rank at Discharge					Type of Discharge				
If other than honorable, explain									
DISCLAIMER AND SIGNATURE									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.									
Signature							Date		