

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

Position Applied For: _____ Date of Application: _____

Date Available to Start: _____

Name: _____			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>
Phone: _____	Mobile: _____	Soc. Sec. #: _____	

Have you ever been employed here before? Yes No
Are you legally eligible for employment in this country? Yes No
Are you 18 years of age or older? Yes No
Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Is there any type of work that your physical condition prohibits, or have you ever been advised by a physician not to perform certain types of work? _____

EDUCATION

High School: _____ Years: _____

College: _____ Years: _____ Major: _____

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EMPLOYMENT/VOLUNTEER HISTORY (PLEASE LIST MOST RECENT FIRST)

1. Organization Name: _____
 Address: _____
 Supervisor: _____ Phone: _____
 Title/Type of Work Performed: _____
 Dates of Employment: _____ Rate of Pay: _____
 Reason for Separation: _____

2. Organization Name: _____
 Address: _____
 Supervisor: _____ Phone: _____
 Title/Type of Work Performed: _____
 Dates of Employment: _____ Rate of Pay: _____
 Reason for Separation: _____

3. Organization Name: _____
 Address: _____
 Supervisor: _____ Phone: _____
 Title/Type of Work Performed: _____
 Dates of Employment: _____ Rate of Pay: _____
 Reason for Separation: _____

REFERENCES (LIST TWO PROFESSIONAL IN LINES 1 & 2, AND ONE PERSONAL IN LINE 3)

	Name and Title	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE:

I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I understand if I am employed by the Midcoast Recreation Center, I am considered an "at-will" employee and may be terminated at any time, with or without notice and with or without cause.

Signature of Applicant: _____ Date: _____

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