## Riegel Ridge Community Center

## Application For Employment (An Equal Opportunity Employer)

		Applic	cant Information	
Full Name:				Date:
	Last	First	M.I.	
Address:				
	Street Address			Apartment/Unit#
	City		State	Zip Code
Cell Phone:			Email:	
Date Available:			Desired Salary:	\$
Position Ap	plied for:			
		Yes No		Yes No
Are you a c	itizen of the United States?	U U	If no, are you authorize	d to work in the U.S.?
Have you e	ver worked for this company?	Yes No	If yes, when?	
•		Yes No		
Have you e	ver been convicted of a felony?		If yes, explain?	
		l	Education	
⊔igh Schoo	1.		Addross	
nigii Sciloo	l:		Yes	s No
From:	To:		Did you Graduate?	
Collogo			Addross	
College:			Address:	
From:	To:		Did you Graduate?	□ Major:
Advanced F	Degree:		Addross	
Auvanceu L	Degree		Address Yes	
From:	To:		Did you Graduate? 📮	□ Major:
		Previ	ous Employers	
Company: _			Address:	
Supervisor:			Phone:	Job Title:
Responsibil	lities:			Salary:
la Hais	Yes No	JE NI -	manan famlassiis = 2	
is this your	current employer?	IT NO,	reason for leaving?	Yes No
Employed From: To: May we contact your previous supervisor?				

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## **Application For Employment** (An Equal Opportunity Employer) Company: \_\_\_\_\_ Address: \_\_\_\_ Phone: \_\_\_\_\_ Supervisor:\_\_\_\_\_ Job Title: Salary: \_\_\_\_\_ Responsibilities: Yes No If No, reason for leaving? Is this your current employer? Employed From: To: \_\_\_\_\_ May we contact your previous supervisor? Company: \_\_\_\_\_ Address: \_\_\_\_ Supervisor:\_\_\_\_\_\_ Job Title:\_\_\_\_\_\_ Responsibilities: Salary: \_\_\_\_\_ Yes No If No, reason for leaving? Is this your current employer? Employed From: To: \_\_\_\_\_ May we contact your previous supervisor? □ □ **References: Please List Three Professional References** Full Name: Phone:\_\_\_\_ Company: Full Name: Company: \_\_\_\_\_ Phone: Full Name: Company: Phone: **Special Skills** Special Skills/Interests: Activities (Civic, Athletic, Arts, etc): Military Service Branch: From: \_\_\_\_\_ To: \_\_\_\_ Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ 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 of misleading information in my application or interview may result in my release. Date: Do Not Write Below This Line. Date Interviewed: \_\_\_\_\_ Interviewed By: \_\_\_\_\_ Remarks: \_\_\_\_\_ Position: Salary: Start Date: Signature 1:\_\_\_\_\_\_ Signature 2:\_\_\_\_\_\_ Signature 3:\_\_\_\_\_\_