

# Cicero Twin Rinks Employment Application

Programs, services, and employment are equally available to everyone. Please Inform the Human Resources Department if you require reasonable accommodation for the application interview.	Date of Review (Month/Day/Year) / /
<b>Applicant Data:</b>	Position Applied for:
How were you referred to us:	

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Mobile/Other: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Social Security #: - - Salary Requirement: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one:  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever worked for this company:  Yes  No If yes, when? \_\_\_\_\_

Are you a citizen of the United States:  Yes  No

If not, are you legally allowed to work in the United States?  Yes  No

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal

Have you ever pleaded "guilty," "no contest," or been convicted of a crime?  Yes  No

If yes, give details: \_\_\_\_\_

Answering "Yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position for will be considered.

Driver's license number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

**SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:**

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**PREVIOUS EMPLOYMENT (begin with most recent)**

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference:  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference:  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference:  Yes  No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATIONAL EXPERIENCE:**

Institute	Major Course of Study	Years Attended	Degree
High School			
Address:			
College			
Address:			
Graduate School			
Address:			

**REFERENCES:**

Please list three references whom you prefer. THEY CAN NOT BE RELATED TO YOU.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_