



Community  
Inclusive  
Recreation

## **EMPLOYMENT APPLICATION**

Community Inclusive Recreation  
is a community led-resource that reduces  
barriers to personal growth and provides  
opportunities for vulnerable populations.

**[www.cirFUN.com](http://www.cirFUN.com)**

PLEASE PRINT

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_ (circle one)  
Yes No

Have you ever filed an application with us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been employed by CIR? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do any of your friends or relatives work here? \_\_\_\_\_

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you applying for Full or Part-time work? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No (circle one)

Are there any felony charges pending against you? Yes No (circle one)

Can you travel if a job requires it? Yes No (circle one)



**EMPLOYMENT HISTORY** - Start with present or most recent job.

Employer		Dates Employed		Job Duties
		From	To	
Phone				
Address		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				

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Reason for Leaving				

## ADDITIONAL SKILLS/INFORMATION

### Other Qualifications

Please list any additional job-related skills or qualifications you have acquired.

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### Proficient in the following computer programs/software:

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## REFERENCES

1.	_____ (____) _____
	Name Phone #
	_____
	Address
2.	_____ (____) _____
	Name Phone #
	_____
	Address
3.	_____ (____) _____
	Name Phone #
	_____
	Address

## DRUG SCREENING AUTHORIZATION

I understand that as a condition of employment I will need to pass a screening for drug use. I hereby authorize Community Inclusive Recreation to administer this testing through an authorized vendor.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable laws, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Arranged Interview: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_



