

RECORD OF EDUCATION

EMPLOYMENT HISTORY:

Please submit a resume if available or complete the following section. Please list the most important experience first.

| Company | | From | | To | | Describe type of work performed | Weekly Starting Salary | Weekly Ending Salary | Reason for Leaving | Name of Supervisor | May we contact this employer? |
|------------------|--|------|----|----|----|---------------------------------|------------------------|----------------------|--------------------|--------------------|-------------------------------|
| | | Mo | Yr | Mo | Yr | | | | | | |
| Name | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| City, State, Zip | | | | | | | | | | | |
| Phone | | | | | | | | | | | |
| Company | | From | | To | | Describe type of work performed | Weekly Starting Salary | Weekly Ending Salary | Reason for Leaving | Name of Supervisor | May we contact this employer? |
| | | Mo | Yr | Mo | Yr | | | | | | |
| Name | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| City, State, Zip | | | | | | | | | | | |
| Phone | | | | | | | | | | | |
| Company | | From | | To | | Describe type of work performed | Weekly Starting Salary | Weekly Ending Salary | Reason for Leaving | Name of Supervisor | May we contact this employer? |
| | | Mo | Yr | Mo | Yr | | | | | | |
| Name | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| City, State, Zip | | | | | | | | | | | |
| Phone | | | | | | | | | | | |

EMPLOYMENT AVAILABILITY: Please put an "X" in the time table in which you **ARE NOT** available to work.

| | 5a | 6a | 7a | 8a | 9a | 10a | 11a | 12p | 1p | 2p | 3p | 4p | 5p | 6p | 7p | 8p | 9p | 10p | 11p |
|-----------|----|----|----|----|----|-----|-----|-----|----|----|----|----|----|----|----|----|----|-----|-----|
| Monday | | | | | | | | | | | | | | | | | | | |
| Tuesday | | | | | | | | | | | | | | | | | | | |
| Wednesday | | | | | | | | | | | | | | | | | | | |
| Thursday | | | | | | | | | | | | | | | | | | | |
| Friday | | | | | | | | | | | | | | | | | | | |
| Saturday | | | | | | | | | | | | | | | | | | | |
| Sunday | | | | | | | | | | | | | | | | | | | |

Please list any other scheduling conflicts or considerations: _____

The facts set forth above in my application are true and complete. I understand that if employed, or considered for employment, false statements on this application shall be considered sufficient cause for removal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigations or credit agencies or bureaus of your choice.

In making this application, I also understand that information may be contained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I understand that I have the right to submit a written clarification of any adverse or incorrect information in my application file.

Signature of Applicant

Date

MCRC OFFICE STAFF ONLY

Applicant Recommended Area: _____

Position Hire Recommendation (Area Manager Signature)

Applicant Recommended Position: _____

Approved for Hire (Recreation Center Director)

Pay Code: RC- _____ Pay Grade (A-O): _____ Hrly Rate: \$ _____

**If Pay Grade is higher than A, complete and include the Pay Step*

Recommendation Form with rationale