

McKendree Metro Rec Plex

205 Rec Plex Drive, O'Fallon, IL, 62269
 www.metrorecplex.com
 Phone: (618) 589-3800

Completed applications can be dropped off to Rec Plex office M-F between 8am-5pm or mailed in. Please submit with updated resume if available.

APPLICATION FOR EMPLOYMENT

DATE: _____

Pre Employment Questionnaire

Equal Opportunity Employer

PERSONAL INFORMATION			
Name:		Email Address:	
Present Address:	City:	State:	Zip:
1st Phone Number:	2nd Phone Number:	Referred By:	

Employment Desired			
Position:		Date You Can Start?	Salary Desired:
Are You Employed?	Yes	No	If So, May we Inquire of your Present Employer?
Have you Ever Applied to this Company Before?		Yes	No
		When?	

Education History			
Name and Location of School	Years Attended	Did You Graduate	Subjects Studied
Grammar School			
High School			
College			
Trade School			

General Information	
Subjects of Special Study/Research Work or Special Training/Skills _____	
U. S. Military Service	Rank

Former Employers (List Below Last Four Employers, Starting with Last One First)				
Date Month and Year	Name & Address of Employer	Salary	Position	Reason for Leaving
To				
From				
To				
From				
To				
From				
To				
From				

References Give below the names of three persons not related to you, whom you have known at least one year.				
Name	Address	Business	Phone #	Years Known

Authorization: "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____ Signature: _____