

Dear Applicant:

Please complete numbers 1 - 8 on this form and return it with your completed application for employment. Complete one form for each school and place of employment.

I,______, authorize Crouse Community Center to contact my present and previous employers and schools. Unless otherwise indicated, I further authorize my former employers to give any information as to my character and work or school record, including employment dates and positions held. I hereby release from all liability and damages, these individuals or companies for providing such information. I further understand that all hiring commitments are conditional based upon satisfactory completion of all requirements, meeting statutory standards through a job related pre-employment physical examination and satisfactory completion of the applicable probationary period.

(1)	(2)
Signature	Date
I was employed by (3)	
	e of Company
(4)	
	plete Address
From (5)	to (6) in the
position of (7)	During this period of employment,
I was known by the name (8)	·

FORMER EMPLOYER: PLEASE VERIFY ON THE REVERSE SIDE OF THIS FORM



FORMER EMPLOYER: PLEASE COMPLETE

Name:				
Employed from:	to:			
	Excellent	Good	Fair	Poor
Quality of Work				
Work Out-put (Quantity)				
Cooperation				
Ability to Get Along With Others				
Attendance				
Reason for Termination of Employment:				
Would you Rehire:				
Comments:				
Signature:				
Title:		Date	:	

Thank you for your cooperation. If you would like to discuss this applicant, please feel free to contact me at (315) 684-9595.

A return envelope is enclosed for your convenience.

Sincerely,

DJ Raux Executive Director