

Personal Information

Full Name:		Date:				
First	Last		M.I	MM/DD/	YYYY	
Address:						
Street Address			Apartment	t/Unit		
City		State	ZIP Code			
Phone:		Email:				
Date of Birth:		Social Secu	rity No.:			
Position Applied for:	Fu	, Part-time or Volunteer?				
Available start Date:	Desi	red Wage?	lowest V	/age?		
Are you employed now?	YES NO If Y	es, may we conta	ct your present	employer?	YES NO	
Employer info (if any) Name:			Phone:			
Are you a citizen of the United Sta	ates? YES NO	f no, are you auth	orized to work	in the U.S.?	YES NO	
Are you over the age of 18?	YES NO	Have you ever we	orked for CEA F	FX?	YES NO	
If yes, when?	Why did y	our Employment	stop?			
Have you worked for any All Star	, Rec or School Cl	heer Programs? Y	ES NO			
Which Programs, and reason for I	eaving?					
				,		

		EDUCATION	l	
Highest Level of Education:	High School	Colle	ge Some Colle	ege GED
School:				
From:	To:		Did yo	u graduate? YES NO
	<u>co</u>	NVICTIONS		
Ever Convicted of a Felony?	YES NO	Are you able	e to legally work with a	children? YES NO
List any Legal issues or convict	tions that we shou	ld be aware of:		
	Profes	ssional Refe	rences	
Please list three professional r	eferences.			
Full Name:			Position:	
Company:		Phone:		
Full Name:			Position:	
Company:		Phone:		
Full Name:				
Company:		Phone:		