

# Crouse Community Center

Morrisville, New York 13408

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, schools, and 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 any damages, these individuals or companies are providing such information. I further understand that all hiring commitments are conditional based upon satisfactory meeting statutory standard through a job related pre-employment physical examination and satisfactory completion of the applicable probationary period.

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
Signature Date

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I was employed by (3) \_\_\_\_\_  
Name of Company

(4) \_\_\_\_\_  
Complete 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**

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**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.

Cordially yours,  
William Conole  
Administrator