



Leisure Education for Exceptional People Employment Application

Leisure Education for Exceptional People

It is the policy of Leisure Education for Exceptional People (LEEP) to provide equal opportunity with regard to all terms and conditions of employment. The organization complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

Name: _____ Date of Application: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Position Applying For: _____ Available Start Date: _____

Driver's License #: _____ Social Security #: _____

Work Experience:

Company Name: _____ Dates Employed: _____ to _____
 Address: _____ Hourly Rate: _____
 Supervisor Name: _____ Phone: _____
 Job Title: _____ Reason for Leaving: _____
 Responsibilities: _____

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Educational Experience:

Education	School/Location	Major	Dates
High School			
Vocational/Technical			
College			
Graduate School			

Volunteer Experience:

Please list any volunteer experiences that are related to the position that you are applying for:

Licensures/Certifications *(Please List)*:

Professional References:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Relationship: _____

Photo Release:

I _____, give LEEP (Leisure Education for Exceptional People) permission to use my picture in any media coverage of the agency. This may include LEEP's monthly newsletter, newspaper articles, Special Olympic publications, website photos and/or television spots.

Yes

No

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

Signature of Applicant: _____ Date: _____

Office Use Only:

Initial Contact Date: _____ Interview Requested: _____ Yes _____ No

Date/Time of Interview: _____ Interviewed By: _____