

# SUMMER HELP APPLICATION

City of McLeansboro  
102 West Main Street

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position you are requesting: \_\_\_\_\_

Are you at least 16 years of age? (Circle One)    YES    NO

Previous Work Experience:

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES:

Name	Phone Number	Years Acquainted
------	--------------	------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

I certify that my answers are true and complete to the best of my knowledge, if this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

The City of McLeansboro shall not unlawfully discriminate based on race, color, sex, national origin, age or handicap in admission to, or treatment or employment in, programs or activities.