

Marion Gerrish Community Center APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied For _____	Date of Application _____
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name _____	First Name _____	Middle Name _____
Address _____	Number _____	Street _____
		City _____
		State _____
		Zip Code _____
Email _____		
Telephone Number(s) _____/_____/_____		Social Security Number ____-____-_____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Can you provide proof of citizenship, green card and/or work visa upon employment? Yes No

On what date would you be available for work? ____/____/____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a current, valid driver's license? Yes No

Number of moving violations in the last two years. _____

Do you have any physical limitations which preclude you from performing certain types of work?
If yes, please describe, including specific work restrictions. _____

YOUR NAME

POSITION APPLYING FOR

SIGNATURE

DATE

PREVIOUS EMPLOYMENT:

1 _____
 CURRENT (OR MOST RECENT) EMPLOYER OR COMPANY DEPARTMENT IN WHICH YOU WORKED
 POSITION HELD

 STREET SUPERVISOR PHONE FINAL SALARY

 CITY/STATE/ZIP ANOTHER SUPERVISOR OR CO-WORKER PHONE

 PHONE (WITH AREA CODE) EMPLOYED FROM (DATE TO DATE) REASON FOR LEAVING



2 _____
 PREVIOUS EMPLOYER OR COMPANY DEPARTMENT IN WHICH YOU WORKED POSITION HELD

 STREET SUPERVISOR PHONE FINAL SALARY

 CITY/STATE/ZIP ANOTHER SUPERVISOR OR CO-WORKER PHONE

 PHONE (WITH AREA CODE) EMPLOYED FROM (DATE TO DATE] REASON FOR LEAVING



3 _____
 PREVIOUS EMPLOYER OR COMPANY DEPARTMENT IN WHICH YOU WORKED POSITION HELD

 STREET SUPERVISOR PHONE FINAL SALARY

 CITY/STATE/ZIP ANOTHER SUPERVISOR OR CO-WORKER PHONE

 PHONE (WITH AREA CODE) EMPLOYED FROM (DATE TO DATE) REASON FOR LEAVING

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES () NO () If no, please include, in your list of references, a current or former co-worker who may be contacted to verify your current employment.

The MGCC requires a criminal background check as a condition of employment.

YOUR NAME

POSITION APPLYING FOR

SIGNATURE

DATE

EDUCATION HISTORY:

HIGHSCHOOL:

NAME

CITY

STATE

Did you Graduate? Yes _____ No _____

Name Used During Attendance

COLLEGE OR OTHER EDUCATIONAL EXPERIENCE:

NAME OF INSTITUTION

CITY

STATE

Degree

Major

From ____/____/____ To ____/____/____
Attendance Dates

Yes _____ No _____
Did you Graduate?

Name Used During Attendance



REQUIRED = REFERENCES:

PEOPLE WHOM YOU HAVE WORKED WITH ARE PREFERABLE. PLEASE **DO NOT USE RELATIVES.**

1 _____
NAME STREET CITY/STATE/ZIP PHONE

2 _____
NAME STREET CITY/STATE/ZIP PHONE

3 _____
NAME STREET CITY/STATE/ZIP PHONE

PLEASE READ AND SIGN BELOW YOUR ACKNOWLEDGEMENT & UNDERSTANDING

I understand that the Marion Gerrish Community Center will rely, in part, on the information that I provide in this application in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify, by signing below, that I have done so. If the Marion Gerrish Community Center discovers, at any time, that I failed to completely and honestly provide information requested of me in this application and/or during the interview process, my application will no longer be considered or, if I am working for the Marion Gerrish Community Center, that I will be subject to disciplinary action, up to and including termination of employment.

I understand that this application is not intended to be a contract of employment, nor does this application obligate Marion Gerrish Community Center in any way if I am employed. Marion Gerrish Community Center is authorized to make an investigation of my personal history and financial and criminal and credit record through any investigative or credit agencies or bureaus of its choice.

The Marion Gerrish Community Center is committed to compliance with the provisions of this nation's immigration laws regarding verification of employment eligibility. Any offer of employment will be contingent upon your ability to provide sufficient legal documentation showing your eligibility to be employed by this organization. Applicants and/or employees that present fraudulent documents for employment verification purposes will be terminated.

I further understand that the Marion Gerrish Community Center **may** require a good driving record with completion of NH Release of Motor Vehicle Records as a condition of employment.

I understand that the Marion Gerrish Community Center **will** require a clean criminal background check with required completion of NH Criminal Records Release as a condition of employment.

Signature of Applicant & Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER