

SOUTHWICK RECREATION CENTER

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION:

Date: _____ Social Security Number: _____

Name: _____

Present Address: _____

Permanent Address: _____

Phone Number: _____

Referred by: _____ Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED:

Position: _____ Date you can start ____/____/____ Salary Desired _____

Are you employed now? Yes No If so, may we inquire of your current employer? Yes No

Have you applied here before? Yes No If so, when? Where? _____

EDUCATION:

	Name and location of school	Circle last year completed	Did you graduate?	Subjects studied and degree(s) received
Grammar school		5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High school		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/business school		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL:

Subjects of Special Study or Research Work _____

Job related skills (typing, driver's license, etc.) _____

Activities other than religious (civic, athletic, etc.) _____

Exclude organizations the name or character of which indicates the race, sex, color or national origin of its members

FORMER EMPLOYERS: List below your last four employers, starting with the last one first.

Date Month and Year	Name and address of employer	Salary upon leaving	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted

"UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."

Date: _____ Signature: _____

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without case and without any previous notice.

Date: _____ Signature: _____

In case of emergency notify:

Name: _____

Address: _____

Phone: _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Interviewed by: _____ Date: _____

Remarks: _____

INS Form I-9 Completed: Yes No

Hired _____ For Dept _____ Position _____ Will Report _____ Salary _____