

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 & HOURS OF POSITION YOU ARE APPLYING FOR Date of Application

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
- 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. _____
- Can you perform the necessary job functions of this position with or without accommodation? Yes No

YOUR NAME

POSITION APPLYING FOR

SIGNATURE

DATE

PREVIOUS EMPLOYMENT:

1 _____
 CURRENT (OR MOST RECENT) EMPLOYER OR COMPANY
 POSITION HELD

_____ DEPARTMENT IN WHICH YOU WORKED

_____ SUPERVISOR _____ PHONE

_____ STREET

_____ ANOTHER SUPERVISOR OR CO-WORKER _____ PHONE

_____ CITY/STATE/ZIP

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



2 _____
 PREVIOUS EMPLOYER OR COMPANY

_____ DEPARTMENT IN WHICH YOU WORKED _____ POSITION HELD

_____ SUPERVISOR _____ PHONE

_____ STREET

_____ ANOTHER SUPERVISOR OR CO-WORKER _____ PHONE

_____ CITY/STATE/ZIP

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



3 _____
 PREVIOUS EMPLOYER OR COMPANY

_____ DEPARTMENT IN WHICH YOU WORKED _____ POSITION HELD

_____ SUPERVISOR _____ PHONE

_____ STREET

_____ ANOTHER SUPERVISOR OR CO-WORKER _____ PHONE

_____ CITY/STATE/ZIP

_____ 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.

A resume may be attached to this application, however this application must be completed and signed to be considered for a position with this company.

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

◆◆◆◆ ◆◆◆◆

YOUR NAME

POSITION APPLYING FOR

SIGNATURE

DATE

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 not 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 immigrations 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, if driving is necessary component of the job description.

I understand that the Marion Gerrish Community Center **will** require a 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